

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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800 Introduction

Revision Number: 03-02, Effective Date: 09/02/2003

GUIDING PRINCIPLES AND AGENCY POLICY

All individuals will be served in a culturally competent and sensitive manner and without discrimination as relates to color, creed, disability, ethnicity or national origin, gender or religious belief. If service cannot be provided, or will be discontinued by SCDSS, the individual is entitled to explanation and notice.

Related guiding principles and policies which govern the Department of Social Services are as follows:

Principles

To respect the humanity and dignity of each person for whom the agency delivers quality services.

To respect the humanity and dignity of each staff person.

Quality Service

It is the policy of the Department of Social Services to promote a work environment that encourages each staff person in the Department to perform each duty exactly as required to serve client needs.

Mission Statement for Foster Care

The mission of foster care is to provide, within the framework of federal and state mandates, substitute care and supporting out-of home services which are child centered and family focused, contribute to the protection of children, and promote children's well being including services which meet their physical, social, emotional, educational, behavioral and developmental needs.

Definition of Foster Care

Foster Care is a temporary substitute care service offered to children who must be separated from their own parents/family for a specific purpose and for a planned period of time. It may take the form of relative placement, foster family care, residential group care, therapeutic foster care, residential treatment, or independent living depending on the needs of the child.

Foundation for Foster Care Policy

The Agency's Foster Care program is based on the following key philosophical tenets;

1. Most children are best served by remaining with their own families; therefore, removal should not occur until reasonable efforts have been made to see that the child's needs are met in his or her own home. Unless the child is in imminent danger, foster care should be the plan only when an in-home treatment plan and other appropriate preventive services are unsuccessful.

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2. Foster care is to be used and interpreted to families as an element of a total placement plan of family reunification whenever possible.
3. Foster care requires a needs assessment and service planning.
4. Foster care includes providing services to family units (parents, siblings, and other relative resource), in addition to the child who is placed.
5. Foster care as a resource is time limited and goal oriented. It is a temporary service planned to provide care for a child until family reunification or an alternate permanent placement occurs.
6. Children need a permanent, stable home for continuity in physical care and relationship with their parents/caretakers.
7. A child's sense of time differs from that of an adult, varies with the child's age, and must be considered in planning any foster care placement.
8. Family involvement and shared or team decision-making is absolutely vital in:
 - a. Evaluating the need to place a child in foster care;
 - b. Planning with families for a child's placement;
 - c. The decision to return a child to the child's family; and
 - d. Implementing and achieving a permanent plan other than return home.
9. Foster Care services should not be used without appropriate preparation of the child, the family, and the foster caregiver, unless an emergency situation exists.

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Policies

Revision Number: 05-01, Effective Date: 11/03/2005

1. Foster care is a resource, which requires a shared or team decision-making approach in assessing the needs of the family and the child at or during placement:
 - a) in identifying what conditions led to the agency's interventions;
 - b) in determining what conditions must change in order for the child to be returned safely;
 - c) in monitoring the progress of the parents and the child;
 - d) in evaluating and measuring the reduction of threats;
 - e) achieving permanency for the child within a reasonable time frame;
 - f) efforts should be made to have family members participate in the various staffings, placement meetings, progress evaluations, etc. initially and throughout the life of the case.

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2. The immediate safety and future risk of children must be assessed continually and serves as the foundation for all child protective service and foster care interventions. Safety and risk assessments must include foster care placements, relative and alternative care givers.
3. When possible and appropriate, the permanent placement plan for a child in foster care should be family reunification. Efforts will be made to locate and involve non-custodial or absent parents.
4. Alternatives to family reunification must be considered when the child's parents have not been successful in achieving, within a reasonable time period, treatment goals which are realistic, structured, and focused on the problems which placed the child at risk in the home; the child is an orphan with no living biological or legal parents; the parents have voluntarily released the child for adoption; the parent's condition is such that rehabilitation is not feasible; or the problem which resulted in the child's placement in foster care through a voluntary placement agreement have not been resolved.
5. When family reunification (including birth and extended family) is no longer the plan, adoption (by relative, foster parent, or other approved adoptive resource) must be assessed as the next permanent plan option. If after this assessment it is determined that adoption is not an option, then legal custody/guardianship to either a relative or non-relative should be explored as a possible permanent plan. **Then the next permanency option is placement with a fit and willing relative. The final permanency option of "Another Planned Permanent Living Arrangement which provides for the child with an individual committed to a lasting, supportive lifetime relationship. (See Section 831)**
6. Selection of a foster care provider, including foster home (relative or non-relative), therapeutic foster care, group care facilities, and residential treatment facilities, should be based on the child's identified needs and the resources of the foster care provider to meet the child's needs. Efforts will be made to place a child within their community or county, provided that is in the child's best interests.
7. Whenever placement of a sibling group is necessary, every effort should be made to place the siblings with the same foster care provider.
8. The Agency is committed to maintaining continuity of the child's relationship with his/her parents and siblings through regular, frequent visitation (unless a court has ordered otherwise).

810 When a Child Enters Foster Care

Revision Number: 03-02, Effective Date: 09/02/2003

This manual section includes procedures to be followed when a child enters foster care. Children enter foster care in one of the following actions.

1. Emergency Protective Custody (by law enforcement);
2. Ex Parte Order of the court (includes the transfer of legal custody of children formerly served by another state agency);

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3. Removal Order;
4. Voluntary Placement;
5. Voluntary Relinquishment.

**Note: While these procedures generally list the Foster Care worker as having responsibility for the activities, the actual staff who completes these activities may vary based on which worker (e.g. child protective service or foster care) has case responsibility at the time the activity is to be done. In addition, the county may designate other staff to complete some activities, when the designated staff have the skills and the credentials to assume that responsibility.*

810.01 Initial Entry into Foster Care

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This section outlines the activities that are to be followed when a child enters care whether by Emergency Protective Custody, Ex Parte order, or voluntary placement. Concurrent planning begins upon the child's entry into foster care. ***A concurrent planning staffing must be held within 60 days of a child entering care to assess the status of the permanent plan.***

*Note: If a relative is interested in adoption or custody of a child, refer to Section 830. If a relative is interested in being licensed as a foster parent refer to Section 926 (Chapter 9, Foster Care Licensing). See Section 812 for additional procedures in voluntary placement and Section 829 for voluntary relinquishment. **Children placed in a 24-hour hold status are not considered as having been placed in foster care.***

**Note: For procedures for working with a family or caregiver with a communication limitation (i.e., limited English proficiency/Sensory Impairment (LEP/SI)) refer to Directive Memo D02-39, 9/23/2002.*

Designated County Worker

1. Assures that initial placement and any subsequent placements are with a licensed or approved foster home or group care facility or a licensed or approved relative resource. Safety of placement must be assessed at, or within 48 hours of placement and ongoing thereafter. When possible and in the child's best interest, children should be placed in close proximity to their family and placed in family type settings. Every effort must be made to keep sibling groups together in the same placement. Children should also be allowed to remain in their same school, provided this decision is in their best interest and transportation is reasonably available.

**Note: For serving youth exposed to methamphetamines, refer to Section 818.05.*

- a. In the absence of good cause to the contrary, preference must be given to placement with relatives or other persons known to the child and who have had a constructive and caring relationship with the child. Any potential placement provider is to be informed of the process and benefits of licensure.

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- b. If a foster child has been convicted of, pled guilty to or been adjudicated delinquent for a sex offense, then they must be placed in a therapeutic setting unless they will be the only child residing in the non-therapeutic home. Additionally a petition may be submitted to the court requesting a placement other than a therapeutic home if good cause is shown such as being placed with their siblings. Providers **must** be apprised of the child's history and whether he/she is convicted/adjudicated delinquent, or pled guilty to a sexual offense as defined by SC Code 20-7-1635. The foster parent must be provided updated information on an ongoing basis.

**Note: Cross reference Section 819.1 and Section 20-7-1635 (Children's Code).*

- c. Gives providers information about the foster child including, but not limited to: medical, mental health conditions, history of the child, the nature of abuse or neglect, behavioral problems, and matters related to educational needs, and requests their attendance or input at the initial family meeting (see Section 818.025 for additional information). As much information as possible should be given by the first working day after placement. The files should be researched for more information during the first week and shared with the provider. When new information is acquired, the caseworker shall immediately convey the information to the provider. **Note: Cross-reference Section 819.*
 - d. In collaboration with the foster care provider, assists the child in dealing with issues of loss and grief associated with separation from the family.
 - e. Provides a printed card with the case manager's name, telephone number and county emergency number to age appropriate (5 years of age and older) foster children (a card may be provided to a younger child if child's maturity level indicates that this is appropriate). On the reverse side is the 24-hour toll free number required by statute. When giving the card to the child, provides an explanation that the number may be used if problems occur which the child believes the caseworker cannot or will not resolve.
- *Note: Cross reference Section 819 and 819.1.*
- f. Conducts an initial family meeting within 24 hours but no later than 3 days.
Refer to Section 818.025 for additional information.

2. If agency retains custody after the 72 hour Probable Cause hearing.

- a. Notifies Family Independence/Food stamp staff of the removal of the child from the benefit group.
- b. Completes DSS-2738, Child Support Referral form and submits one copy to Office of Child Support Enforcement and provides a copy for Medicaid unit.
- c. Completes DSS-3068, Medicaid Application (even if the child is already a Medicaid recipient), attaches a copy of the Child Support Referral and submits original documents to verify the child's citizenship and identify. The designated DSS worker must provide the original documentation to DHHS Medicaid eligibility staff within 30 days of the application in order for the child to be eligible for Medicaid. The Medicaid eligibility worker will copy the documents and return the originals. If there are problems obtaining documentation, contact Medicaid eligibility IMMEDIATELY for assistance as there may be other documents that can be used. For example, for infants, an affidavit may be used to verify citizenship or identify, but not both. Medicaid eligibility may grant a 15 day extension to obtain the required verification for good cause if the extension is requested by the DSS worker prior to the 30 day

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deadline to provide documentation. The requirements for verification of citizenship and identity are mandated by federal legislation in the Deficit Reduction Act of 2005.

NOTE: The primary documentation to verify citizenship and identify for a child include the following :(as per DHHS Form 3296 /July, 2006)

Proof of citizenship and identity: US passport, certificate of naturalization, certificate of US citizenship
OR

Proof of citizenship: birth certificate, certificate of birth abroad; US citizenship ID card; final adoption decree showing US as place of birth; Military record of service showing US place of birth;

AND

Proof of Identity: certificate of Indian blood with picture ID; driver's license; school ID card with photo; Native American Tribal document; school or day-care records that show place of birth.

Refer questions to the DHHS Medicaid eligibility worker.

- d. Arranges for an Initial Comprehensive Medical Assessment (DSS-3057) to be completed within 5 working days of the child's entry into foster care, if not completed within the first 24 hours of placement.
- e. Uses IV-A or IVA-EAS funds to provide emergency assistance to the child's family if appropriate.
- f. Arranges for the child's school enrollment and the school records to be transferred to the appropriate school for the child's current placement, if the child can no longer remain at his or her own school. Requests copies of report cards, test results of standardized tests SCRA, PACT, HSAP, etc.) or documentation of the student's performance. Reviews educational information, talks with teachers or guidance counselors (if necessary) to help identify areas needing additional assistance. Documents educational needs and ensures that goals are included in the child's placement/treatment plan. Enters all information on the child in the CAPSS database, including but not limited to child demographic information, family composition, relationships, income, SSN, legal and placement data.
- g. Arranges for appropriate payment to the provider by assuring accurate income and placement information is keyed into CAPSS per CAPSS User's Guide. In addition, completes IV-E and IV-A checklists in CAPSS.
 - i. If the child is in an emergency shelter which is eligible for specialized funding, the shelter administrator (rather than the foster care worker) initiates procedures for funding.
 - ii. If the child enters a therapeutic placement, follow MTS procedures for funding for a special needs child. Specialized placements must be coordinated with MTS. (**Note see Section 815*)
- h. Facilitates Team Decision Making (or Family) Meeting and determines if early reunification is likely, discusses family problems that led to intervention, the protective capacities to be demonstrated in order for the child to be returned, potential for placement with relatives, primary and concurrent permanency plan for the child, possible corrective action, potential for placement with relatives, etc. *Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting.* Parents may also invite others important to them that could assist with, support, or help provide safety services.

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- i. Unless contrary to the welfare of the child, arranges at least one visit with the child and one visit between the child and parents, siblings or other significant adults to be held during the first week of placement. In cases of serious injury and/or sexual abuse, there may be compelling reasons for visitation not to occur. In these cases, the foster care worker must have written concurrence from his/her supervisor prior to arranging any visitation with the parent(s) or other relatives.
 - j. Documents inquiries/diligent search efforts for any absent parent and coordinates this information with Child Support staff.
 - k. Completes DSS-1576, Child Development History.
3. Initiates IV-E application process to determine funding source for reimbursement (IV-E or Regular) immediately upon receipt of the signed order that sanctions placement or immediately upon signing of a Voluntary Placement Agreement. (See Section 813). Completes IV-E eligibility screens in CAPSS per CAPSS User Guide.
4. **Within 30 days**

Conduct a staffing if siblings are placed in separate placements to review:

- a. the rationale for separating siblings;
- b. if being placed together is in the children/siblings' best interests;
- c. a time frame to reassess the feasibility of reunification;
- d. develop a plan for sibling reunification in the same placement;
- e. supervisory written approval that the separation of the siblings is in their best interest.

Document staffing on Case Staffing Form (DSS 3062).

*Note: For youth who have convicted of, pled guilty, or been adjudicated delinquent for a sex offense refer to Section 810.01 (1b).

5. **Prior to the removal hearing :**
- a. Gathers information to assess for safety and risk of the child, family and placement provider using the Child and Family Assessment Service Plan (DSS Form 30213). Documents this information in CAPSS. Case decisions must be based on the results of the assessment.
 - b. Develops with the parents, child and supervisor (and if possible the Guardian ad Litem), the treatment plan (Child and Family Assessment Service Plan, DSS Form 30213) addressing services, visitation, and child support. Also reviews placement resources for siblings, the reasons for the separation of siblings, if separation is in the children's best interests.
 - c. Identifies all legal and biological parents (so they can be made a party to the action) and continues documentation of search efforts of parents in coordination with Child Support staff.

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- d. Determines the amount of child support (according to Child Support Guidelines) to recommend to the court.
6. Begins the Life Book in the event the child remains in care subsequent to the removal hearing.
7. If the child receives SSI funds* in excess of the foster care board rate, the provider can receive the full monthly SSI benefits to meet the child's special needs (No Board Pay in CAPSS) or can receive a Difficulty of Care Board Rate (DCBR) payment through CAPSS provided;
 - a. the first page of the application for DCBR is completed and sent to Program Development unit in the Human Services Division, and
 - b. once approved and keyed by the state program staff, the county office deposits future SSI funds* into the State Treasurer Account (per current finance procedures). **Note: Review Directive Memo D99-98.*
8. Monitors monthly income (if child has income) to ensure that funds are dispersed monthly and that resources do not exceed resource limitations. **Note- Reference Section 810.2.*
 - a. Offices are no longer permitted to retain \$30.00 monthly of the child's income. This applies to all children regardless of case management by County, MTS, or Adoptions.
9. Reviews court order(s) for the 72-hour (Probable Cause) and/or 35 day (Removal) hearing and other relevant orders to assure requirements are met.
 - a. Confirms that the court order that initially removes the child from the home states that continuation in the home is contrary to the child's welfare, safety or best interests. Confirms that "reasonable efforts" are addressed either in the court order that initially removes the child or in a later court determination made no more than 60 days from the child entering care (i.e. by the hearing on the Merit's of the Removal). If the appropriate language is not included, local attorneys should file a Motion to Reconsider within 10 days of the signed order.

NOTE: If the "contrary to the welfare" ruling does not occur in the initial court order, the child is ineligible for IV-E for the duration of that placement. If a child enters foster care by an ex parte order, then this is considered the first order. If the court determination of reasonable efforts to prevent removal is not made within 60 days of coming into care, the child is ineligible for IV-E for the entire stay in foster care.

10. For children entering foster care through court orders issued by Family Court as a result of non-DSS actions (such as DJJ hearings or private custody actions), the agency should treat the case as an emergency removal with a 72-hour hearing to follow up. The first order following this emergency removal (order from the 72 hour hearing) must contain the requisite language in order to ensure IV-E eligibility. (See above.)
11. **After the Removal Hearing or after 35th day in foster care if the Removal Hearing is continued:**
Compiles available educational and medical information and completes the Education and Health Passport. Gives the Passport to the foster parent with an explanation that they are expected to file recent educational and medical information in this folder. An example of information that should **not** be in the Passport would be a psychological or other information that could possibly cause harm. In the event a child has to move to another placement, the passport follows the child and is given to the next provider.

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*Note: Foster parents must be reminded that the information contained in the passport is considered confidential and they are bound by the laws of this state to maintain confidentiality. Refer to Section 818.5, Education and Health Passport.

12. Upon receipt of the court order, receives input from both parents, child, and current child care provider(s) regarding the location, kinds of activities both the child and parent can participate in to facilitate a quality visit. The visitation plan shall provide for as much contact as is reasonably possible. (Also see SC Code of Laws, 20-7-764).
13. Conducts a staffing within 60 days of the child's entry into foster care to assess status of the permanent and concurrent plans. This staffing will include foster care/ MTS worker, foster care/MTS supervisor and the county attorney. The staffing will also include the adoption supervisor or designee if adoption is the primary or concurrent plan or adoption is likely to become the plan.

810.015 Concurrent Permanency Planning

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines procedures to be followed in developing a concurrent permanent plan for foster children. For every foster child, a concurrent permanency plan of care should be developed.

Within 60 days of the child entering care, considers permanent plan options other than returning child home if progress is not being made according to objectives addressed in the plan. *Note: See Section 825.

Foster Care/MTS worker

1. Within 60 days of the child entering care, develops with the parents, child, other relevant family members, (and if possible the Guardian Ad Litem) and other treatment team members to discuss the child's permanent and alternative or concurrent plan.
2. **A permanent plan of reunification is unlikely if the family has had one or more of the following risk criteria including:**
 - a. Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred since; or
 - b. Child has experienced extreme physical or sexual abuse by the parent(s) [or parents have allowed someone else to abuse the child] and must be removed from the home; or
 - c. Parental rights to another child have been involuntarily terminated following a period of service delivery to the parents and no significant change has occurred since; or
 - d. Child or sibling have been in out-of-home care on at least one other occasion for a period of 6 months or more or have had two prior placements with CPS interaction; or

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- e. Parents have been diagnosed with severe mental illness and have not responded to previously delivered mental health services. Symptoms continue which prevent parent from being able to protect and nurture; or
- f. There have been [multiple CPS interventions](#) and there is chronic pattern of abuse or severe neglect; or
- g. Parents have a history of substance abuse or are chemically dependent and/or have a history of treatment failures; or
- h. Child had been abandoned with friend, relatives, foster care or hospital, or, after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely; or
- i. Parents are intellectually impaired, or have shown significant deficits in caring for child, and have no support system of relatives to share parenting; or
- j. There is a pattern of documented domestic violence between the caretakers and they refuse to separate; or
- k. Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to the parent's behavior; or
- l. Parent has asked to relinquish the child on more than one occasion following initial intervention.

3. Consider the following issues prior to developing the concurrent plan:

- a. Assess the core problems that brought the child into foster care;
- b. Determine the family's motivations and interests;
- c. Identify resources, and strengths;
- d. Explore underlying history of problems and family needs;
- e. Consider the child in context of family, culture and community;
- f. Obtain the parent's perception of the problems and recommendations;
- g. Include information of family's environment, physical health and psychological factors;
- h. Explore social networks- friends, family, buddies, acquaintances;
- i. Explore relatives and resources for support, placement and possible permanency.

4. Explains the following with the parents:

- a. The purpose of the concurrent plan is to ensure timely permanency for the child in the event the primary plan is not working or not feasible.

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- b. **Within 60 days of the child entering care**, if the primary plan is not working, the agency will pursue the alternative or concurrent plan for the foster child;
- c. No later than 12 months of the child entering foster care, if grounds exist, the agency will pursue termination of parental rights (if in the best interests of the child). *Note: Refer to Section 818.01.

***Note: A TPR can be conducted sooner if grounds exist and TPR/adoption is the plan for the child.**

- 5. Complete the concurrent permanent plan (for the child) in the **Child and Family Assessment Service Plan (DSS Form 30231)**. Ensure that the objectives are specific, concrete and measurable. Parents must be involved in the planning process to ensure they understand that the agency's primary goal is family reunification whenever possible.
- 6. If circumstances dictate:
 - a. Consults with supervisor to assess the alternate plan. Follows-up as necessary if court approval is recommended for the revised permanent plan.
 - b. Staffs case with all concerned parties of the case including: GAL, foster parent, parents, adoptions and other relevant parties. *Note: See Section 826 if adoption is the plan.
 - c. Updates child's placement plan to reflect a change in the permanent plan.
 - d. Notifies the parents of any change in the permanent plan.

810.02 Intake - Funding Notes

Revision Number: 03-02, Effective Date: 09/02/2003

1. Regular Board Payments

CAPSS is designed to process the board payments for the majority of foster children in regular foster home or group home settings by selecting "Board Pay" as the Payment Type on the Placement Information screen. It is imperative that changes in placement be entered into CAPSS **within three days of the placement event (and no later than the third working day of the month following the entry into foster care)**. "No Board Pay" should be entered as the Payment Type if:

- a. the child is in a therapeutic foster placement or residential placement for which Medicaid or Interagency System of Care for Emotionally Disturbed Children (ISCEDC funds are paying for the placement (these are usually cases managed by MTS but can include special needs placements that MTS has agreed to fund).
- b. the child is in placement for which costs are covered by special state contracts and/or special funding (Reference Provider Directory available from Out of Home Care).
- c. any time the child is in an Alliance Human Services therapeutic home, or

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- d. the child is in a medically fragile placement that is not in the Midlands project.

Note: The “Start Date” must be entered for the effective date of “Board Pay” or “No Board Pay”.

Missed payments, regular board rate for children in a therapeutic setting (e.g. siblings), reimbursement for advances, and payments for any other special placement situations are requested by completing the “Special Pay Request for Foster Care Clients” form and submitting to State Office Program Development unit.

2. Children’s Income

County offices, not providers, should be payee on children’s unearned income. Any and all unearned income a foster child receives (except child support) should be deposited in the State Treasurer Account. Deposit the entire monthly income unless it is greater than the board payment costs (regular, difficulty of care, or special needs). The county office no longer retains monthly \$30.00 portions (for personal needs) from a child’s income. (Child Support funds are separate from income and should be directed to OCSE). Children’s account resources should not exceed \$2000.00 for SSI and \$10,000 for non-SSI (but still IV-E eligible) unless the resources are in a “true trust account” approved by Social Security and/or Medicaid guidelines.

3. Status Change - Foster Care to Adoption

The county depositing process and distribution of income for foster children who have moved into an adoption subsidy status should be discussed with the Adoption specialist. Adoption staff need to immediately convey to county staff when a child with income has changed status. The Adoption Subsidy Payment process is separate from the Foster Care Payments process although both are in CAPSS. The Placement screen must be updated to reflect when a child moves into an adoptive status and is no longer eligible for foster care board payments, otherwise an overpayment may occur.

810.03 Respite Care - Funding Notes

Revision Number: 03-02, Effective Date: 09/02/2003

Respite care is available to all DSS foster parents who are licensed for regular, difficulty of care, or public therapeutic foster parents of DSS. Facilities such as group homes and private agency therapeutic foster parents are not eligible under this program. Respite is a temporary “break” in care-taking responsibility either as a result of a child experiencing a crisis or as a part of a child’s case plan. It can only be provided by licensed foster parents and must be for at least one day but must not exceed three (3) days. Each foster parent can receive six (6) days of respite per federal fiscal year, earning respite at the rate of ½ day for each month a family has a child placed with them. Accumulated days will not carry over to the next fiscal year. Respite will be reimbursed at the current board rate. Payment to the ongoing foster parents will not be decreased during the absence. Funds are accessed by submitting a Special Pay Request form to State Office, Policy and Program Development.

**Note: See Information Memo dated 12-28-2001.*

For database documentation purposes, respite care placements are coded under “temporary events” in the placement section. Do not put an end date or close the child’s ongoing primary placement.

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810.04 Illegal Aliens

Revision Number: 03-02, Effective Date: 09/02/2003

Child protective and foster care services can be provided without regard to a parent or child's immigration status. Federal foster care and adoption assistance payments (medicaid and federal IV-E funding) can only be provided to U.S. citizens or Qualified Aliens. A Qualified Alien is a person that has a "green card, is a refugee, or has been granted asylum."

For children placed into foster care who are considered illegal aliens; funds to pay their board will be obtained from state funds and any needed medical services will need to be paid for with non-medicaid resources.

811 Indian Child Welfare Act

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines additional procedures to be followed if a child is a member of a federally recognized Indian tribe or eligible for membership in such a tribe.

Foster Care Worker

1. Obtains information regarding the tribal affiliation of the child and the birth parents, including:
 - a. Name of the tribe in which the child is a member or is eligible for membership;
 - b. In the case of an Indian child who is a member or eligible for membership in more than one tribe, tribe with which the child has the more significant contacts;
 - c. Location of the tribe
 - d. Notifying the tribe by certified mail return receipt requested, of child being taken into custody of the Department of Social Services.
2. Contacts the Interstate Compact Specialist with the information obtained above for assistance in arranging an appropriate placement in accordance with federal law, except in situations where an emergency placement is needed.
3. If the child is an Indian child as defined in the Indian Child Welfare Act, ensures that the local DSS attorney is advised of special legal requirements. The Office of General Counsel should be consulted on the Act's requirements.

812 Voluntary Placement Agreement

Revision Number: 04-09, Effective Date: 12/28/2004

This procedure outlines the steps to be taken if a parent or relative requests a voluntary placement agreement when the need for placement is not related to abuse or neglect. If a relative is requesting voluntary placement of

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a child in their care, it should be determined if the relative has legal custody of the child. If the relative does not have legal custody, information should be obtained regarding the location and circumstance of the parents in order to determine if they can be involved in the placement decision and/or may be a placement resource.

If there is child protective services intervention, refer to Chapter 7, Child Protective and Preventive Services Policy and Procedure Manual, for additional information.

Foster Care Worker

1. Determines that request meets at least one of the following conditions for Voluntary placement.
 - a. The parent(s) has/have a temporary mental or physical condition, situational crisis which is incapacitating and beyond their control and which prevents the parents from performing their parental role.
 - b. The parent(s) plan(s) to relinquish parental rights.
 - c. The parent(s) is (are) in custody of the Department and requests to place the child in care.
 - d. A temporary crisis or situations in which a child or family needs time to work things out, surgery or other medical procedures, etc.
 - e. The relative maintains they can no longer provide a home for the child, it is possible to use the voluntary placement process.

**Note: If a family who has adopted a child from a private and/or international agency requests to voluntarily place a child in foster care, a comprehensive assessment must be done to determine the appropriateness of the request. Families experiencing post adoption problems should be referred to the Adoption office that serves their county of residence. The agency should not accept a Voluntary Placement unless it is clearly in the child's best interest and there is a reasonable expectation of making a permanent plan. See Information Memo dated 3-18-2002.*

2. Explores with parent alternatives to foster care placement, such as relative placement or utilization of emergency funds to resolve situational crisis. Involvement of the non-custodial parent should also be explored as an alternative to placement.
3. If foster care placement is necessary, within 24 hours but no later than 3 days, facilitates an initial family meeting. See Section 818.025 for additional information.
4. Explains to parent that a voluntary placement is for approximately 90 days and may be extended for **no more than a total of 180 days**.
 - a. Explains that the agency may file a removal action complaint if placement is expected to exceed 180 days due to lack of parental progress **or** at any time that the agency determines that there is risk to the child which requires that the agency assume custody.

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- b. If the court gives custody to the agency, proceeds with service planning and permanency planning in accordance with foster care policy and procedures. Explains that a child support referral will be made. Uses child support guidelines for voluntary amount unless extenuating circumstances are documented and agreed upon in writing by the County Director.
6. Follows all other intake procedures except those specifically related to probable cause and removal hearings.

**Note: Cross reference Section 810 - 810.2.*

7. If voluntary placement needs to be extended beyond the initial 90 days, completes a new Voluntary Placement Agreement, DSS-1512, **prior to** the end of the 90 days.

Note: If a court order is not obtained by the 180th day of a voluntary placement, the child is no longer IV-E eligible.

812.01 Abandoned Infants Act

Revision Number: 07-03, Effective Date: 01/10/2007

This section outlines the department's responsibilities related to those infants, less than 30 days old, who have been abandoned at a [safe haven, which includes a hospital or hospital outpatient clinic, law enforcement agency, fire station, emergency medical services station, or any staffed house of worship during hours when the facility is staffed](#) by the parent or a person directed by the parent. [The safe haven is required to transport the infant to a hospital or hospital outpatient clinic within 6 hours.](#) The [safe haven](#) staff are responsible for asking for certain information regarding the medical history and background on the child and family, providing information to the parent or other person about the future legal process. [The hospital staff are responsible for](#) providing for the medical care and immediate safety of the infant. The hospital facility staff are also responsible for notifying the department within one business day.

[To assist the safe haven in gathering information about the infant, DSS Form 3082 should be provided to safe havens in each county along with a stamped envelop addressed to the county DSS should the parent prefer to mail the form straight to DSS. General information for both the parents and safe havens are available on the DSS website or Master Forms Index.](#)

**Note: Also see Section 750.*

Hospital or Hospital Outpatient Clinic

1. Within one business day of receiving an abandoned infant less than 30 days old, notifies DSS.

CPS staff

2. Assumes legal custody upon receiving the notice and immediately;
 - a. **Notifies** foster care staff to begin preparations for placement of abandoned infant, and

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- b. Notifies SLED for assistance in determining if the infant has been reported missing. (SLED monitors this request for 30 days and reports to the department if any missing infant reports are received that may relate to this case.)

CPS or FC staff

- 3. Immediately prepares notice form for county attorney as defined below and sends a copy to the Office of Public Affairs and the county attorney. The notice must state:
 - a. the location of the safe haven (as defined above),
 - b. the circumstances of the abandonment,
 - b. a description of the infant,
 - c. the date and time and place of the permanency planning hearing,
 - d. that anyone who wishes to assert their rights must do so at this hearing.
- 4. Immediately delivers notice to county attorney and sends notice by certified mail to the last known address of the person identified as the parent as least 2 weeks prior to the hearing.
- 5. Staffs case with adoptions for coordination of placement and services.
- 6. Within 24 hours of being notified by hospital staff of infant's pending discharge, assumes physical control and places infant.

County Attorney

- 7. Within forty-eight hours after obtaining legal custody of the infant, the department must file a petition alleging that the infant has been abandoned, that the court should dispense with reasonable efforts to preserve or reunify the family, that continuation of keeping the infant in the home of the parent or parents would be contrary to the welfare of the infant, and that termination of parental rights is in the best interest of the infant. A hearing on the petition must be held no earlier than thirty and no later than sixty days after the department takes legal custody of the infant. This hearing shall be the permanency planning hearing for the infant. If the court approves the permanent plan of termination of parental rights, the order must also provide that a petition for termination of parental rights on the grounds of abandonment must be filed within ten days after receipt of the order by the department. Note: See Section 20-7-85(E)(2).
 - a. Publishes the notice in a newspaper of general circulation in the area where the child was abandoned.

Office of Public Affairs

- 8. Upon receiving copy of notice from the county office, sends a news release to the broadcast and print media in the area.

County Attorney

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9. Files a petition for termination of parental rights based on abandonment within 10 days of receipt of the permanency planning order provided the court upheld the department's recommendations for termination of parental rights. Otherwise, proceeds as directed by the court.

Foster Care staff

10. Proceeds with case management as with any foster care case.

813 Referral Process for Foster Care Funding Determination and Financial Assessment
Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures should be followed to obtain a determination of IV-E funding for **all** children who enter foster care.

Foster Care Worker

1. Completes and submits to the State Office IV-E coordinator, the DSS- 1905, Referral for Assessment and IV-E Eligibility Determination form, immediately upon receipt of a signed court order that sanctions the removal (Probable Cause, Intervention, Non-emergency Removal, etc.) or immediately upon signing a Voluntary Placement Agreement. Along with the DSS-1905, submits the following.
 - a. Copy of the completed DSS-3068, Application for Foster Care/Medicaid.
 - b. Copy of the DSS-2738, Child Support Referral (if child remains in care at the Probable Cause hearing.
 - c. Copy of child's birth certificate (or other verification of birth, age, relationship, such as hospital records, BVS records, school records, green cards).
 - d. Copy of child's Social Security card, Form SS5 (application for SS#), or verification of the SS number (e.g. award letter).
 - e. Verification of household composition/residence/deprivation (e.g. landlord/neighbor statement, social summary, driver's license, school records, doctor's statement, client statement).
 - f. Family and child income verification (e.g. employer statement, copies of checks, award letters, client statement).
 - g. Family and child resource verification (e.g. bank statements, worker observation, client statement).
 - h. Copy of signed court order that sanctions the placement or copy of the Voluntary Placement Agreement.
 - i. Copy of Child Welfare Face Sheet (DSS-3091) if the data on this form, particularly relationships, SSN, and income, has not been accurately and completely recorded in CAPSS.

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**NOTE: Copies of the above documents should be filed together in the current volume of the case record and labeled "Title IV-E". If the local office prefers to maintain a separate IV-E file, the case record should still contain a section labeled "IV-E" with a reference to its location.*

2. Completes appropriate IV-E Initial Determination screens in CAPSS.

State Office IV-E

3. Monitors foster care placements to ensure timely referrals for IV-E Coordinator eligibility determination.
4. Upon receipt of the IV-E application information, reviews and makes a decision regarding eligibility based on state and federal guidelines. Contacts the local office to request additional information as needed.

State Office IV-E Coordinator

5. Records eligibility in CAPSS.
6. Confirms the Medicaid category is changed to 31 on Medicaid database after initial approval by Medicaid staff.

FC/MTS Worker

7. Monitors cases and indicates any changes on DSS-1903, Case Review and Change Report form. Submits this form along with any pertinent documentation within 5 days to the State Office IV-E Coordinator. Completes the appropriate screens in CAPSS.

**Note: Refer all calls from Social Security to the State IV-E Coordinator*

- a. If a child is about to turn 18, obtains verification that he/she is a full time student in a secondary school or its equivalent, and is expected to graduate before age 19. Forwards this verification to the IV-E Coordinator.
8. Ensures that the Permanency Planning Hearing is held within 12 months of the day the child came into care and every 12 months thereafter. Ensures that the court order includes the appropriate "reasonable efforts" language, is child specific, and describes the services/efforts provided by the agency to support the plan for the child. Consent Orders must be heard by a judge (not circulated, signed, and filed) otherwise, IV-E funding is lost until such time as this deficiency is corrected (i.e. consent agreement is planned on record in presence of a judge). *Note: Reference Section 812*

**NOTE: If the PPH is not held within 12 months of placement or within 12 months of the previous PPH, the child becomes ineligible for IV-E board payments until the hearing is held.*

FC/MTS Worker

9. Conducts an initial review of the child's resources based upon their entry date into foster care and thereafter within 12 months of the most recent permanency planning hearing. (If the PPH is not held timely, the child

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becomes ineligible for federal funding, therefore a review is not due again until 12 months from the PPH that reinstates eligibility.) Uses computer system online reports to determine cases due for review. Note: If PPH is held more frequently than 12 months interval (e.g. every 6 months), a review should be submitted after each PPH.

- a. Completes and submits the DSS-1903, Case Review and Change Report form along with the PPH order and any other pertinent documentation, particularly verification of continued deprivation and of income and resources available to the child. If a copy of the PPH order is not yet available, submits the review information noting the date of the hearing and forwards a copy of the order as soon as it is received.
 - b. Completes the appropriate review screens on the computer database.
10. If a child leaves foster care, notifies the State IV-E Coordinator, Medicaid, Child Support, and Family Independence staff.

State IV-E Coordinator

11. Using CAPSS and personal alert systems, monitors cases subject to change and takes appropriate action.
12. Upon receipt of the DSS-1903, determines continued eligibility based on state and federal guidelines.
 - a. Update the computer database with change/redetermination information.
 - b. Records overpayments for previous months in which board payments were incorrectly assigned to IV-E.
 - c. Notifies Medicaid if a case changes from IV-E to ENR so that a payment category other than 31 can be determined.
13. Monitors Special Payments to assure accurate funding assignments.

814 Initial Comprehensive Assessment by a Physician for a Medicaid Eligible Child

Revision Number: 04-02, Effective Date: 04/05/2004

The following procedures are used to obtain the Initial Comprehensive Assessment of a child's overall health and emotional status. The assessment must be completed by a physician.

**NOTE: If the child is Medicaid eligible, the physician uses the Department of Health and Human Services procedure code S3260 for reimbursement.*

Foster Care Worker

1. Ensures that the child has the assessment within five working days of the child's entry into foster care.
2. Ensures the appointment is scheduled with a Medicaid provider, whenever possible. The child's previous medical provider should be accessed if possible.

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3. Ensures that the provider receives the billing instructions, if appropriate.
4. Ensures that the Comprehensive Medical Assessment (DSS-3057), or a comparable form, is obtained from the physician and [filed in the child's record and a copy is filed in the Education and Health Passport](#).
5. Arranges for follow-up services as necessary.
6. Completes initial medical information on the Medical Visa.
 - a. Provides the foster parent/provider with this document.
 - b. Requests the foster care provider to assume primary responsibility for updating the [Education and Health Passport](#).

814.01 Billing for Initial Assessment for Child not Medicaid Eligible

Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures outline the steps to be followed for a physician to be reimbursed for the comprehensive assessment when the child is not Medicaid eligible. This procedure is only to be used after all efforts to make the child Medicaid eligible have been exhausted.

Foster Care Worker

1. Determines that the child is not and cannot be made eligible for Medicaid.

Designated County Staff

2. Sends the original bill and a completed Purchasing Requisition form, (DSS-1402), and documentation confirming Medicaid ineligibility to State Office Program Development unit.

815 Placement Procedures for Special Needs Children

Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures must be followed in securing placement for a special needs child in therapeutic foster care, inpatient psychiatric care, a moderate or high management facility, supervised independent living, or residential treatment facility.

FC/MTS Worker

1. Locates appropriate placement for child with assistance from Managed Treatment Services (MTS) Division.
 - a. Completes application form for the facility.

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2. Completes ISCEDC packet and attaches a copy of the case summary and/or copies of any available psychological evaluations completed within the last year. The summary must include the most recent behaviors of the child.
3. Submits this application packet to MTS prior to the scheduled date of the local ISCEDC team staffing.
 - a. Places child only after receiving authorization from MTS and/or the ISCEDC team.
 - b. Processes paperwork for Medicaid and maintains the child on Medicaid as long as he/she is determined to meet the criteria for special needs.
4. Contacts MTS within one working day if the child becomes ineligible for Medicaid.
5. Cooperates with providers, attends all staffings and/or treatment planning, including those requested to maintain Medicaid eligibility.
6. When a child has income:
 - a. funds are deposited in the county office and forwarded to the State Treasurer along with the deposit form and completed
DSS Form - 1111 (Receipt) for each child.
7. Signs facility's confidentiality form.
8. Ensures the facility receives the child's Medicaid card.
9. Participates with the facility in completing the individual treatment plan in order to retain Medicaid eligibility.
10. Notifies MTS within three working days of any changes in the child's status or placement situation.
11. Staffs case with MTS for case management transfer if determined appropriate for transfer. See Section 822.1, Managed Treatment Services.
12. Documents all placements in CAPSS Placement screens. If transferred to MTS, end current worker assignment and begin new worker assignment.

**NOTE: Referrals for Difficulty of Care Board rates and placement assistance with Medically Fragile children are coordinated through local ISCEDC teams and State Office.*

815.01 Medically Fragile Children's Program (MFCP)
Revision Number: 05-01, Effective Date: 11/03/2005

The MFCP is an all inclusive care program to serve Medicaid eligible children with chronic illnesses and disabilities who are in the custody of DSS. The goal is to enable the child and his/her family to deal with medical problems in a highly supportive, individualized, and flexible placement, thereby assisting the child in

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moving to a less restrictive foster care setting, return home, or be placed adoptively. Providers are specially recruited and trained to meet the individual needs of the children. The program is currently limited to certain geographic locations.

FC/MTS Worker

1. Through consultation with MFCP staff or State Office MFCP liaison determines if the specific child has a medical condition or illness that meets the criteria for the program. If so,
 - a. completes the designated application, attaches all medical documentation and sends to MFCP staff in Program Development.
 - b. attends the assessment staffing conducted by MCFP project staff.

Note: If the child is accepted into the program, a specialized foster care worker may be assigned by the county to work more intensely with the child, provider, and MFCP project staff.

MFCP Staff and FC/MTS Staff

2. Develop a specific treatment plan for the child ([Child and Family Service Plan, DSS Form 30231](#)) within 30 days of acceptance into the program.
3. Jointly participate in quarterly reviews of the treatment plan progress.

815.02 Difficulty of Care Board Rate

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures to be followed to apply for Difficulty of Care Board Rate when a child in foster care has special needs that require the provider to perform duties above and beyond routine parenting.

FC/MTS Worker

1. Determines child has special needs and these needs require the foster parent to perform duties above and beyond those that are normally expected. (Example: A child who is medically fragile and requires numerous trips to the doctor, hospital, etc. and/or requires the foster parent to learn and apply medical techniques).
2. Completes the “Request for Difficulty of Care Board Rate” form along with a brief summary detailing the child’s behavior and/or needs and submits to State Office Program Development.
 - a. Summary must identify the extra duties the foster parent is required to perform.
 - b. If child is receiving income, send a copy of documentation of eligibility and amount.

Program Development Unit

3. Reviews the application and summary.

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- a. Forwards to the Assistant Director of Program Development, who approves or denies and if approves, determines the board rate.
- b. Notifies the county that the application has been or denied (and the reason for the denial) within 10 days on non-emergency applications.

FC/MTS Worker

4. Advises Program Development staff if child changes placements.
5. Responds to and completes any requests for updates on the child's functioning as may be needed by Program Development.

815.03 HIV-Positive Foster Children and HIV-Active Foster Children
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to follow when a foster child is diagnosed as HIV-Positive or HIV-Active.

**NOTE: In all situations that relate to the potential or confirmed diagnosis of HIV, the child's right to confidentiality must be maintained in that staff should only discuss the child's medical condition with medical providers and the direct caregivers for the child. In certain circumstances, varying degrees of HIV information may be shared with persons such as other member's of the provider's family or with school personnel, however, consultation with Office of General Counsel should be sought prior to release of this information.*

FC/MTS Worker

1. If needed, requests technical assistance for placement assistance from Program Development staff.
2. Follows all routine placement procedures as outlined in the Section 810.1. Potential providers must be made aware of the child's diagnosis and any required care giving training as required in the criteria for placement providers per contract with SC Community Long Term Care (CLTC) and SC Department of Health and Human Services (DHHS).

3. Makes a referral to CLTC, immediately if child is HIV-Active. Includes diagnosis information.

**NOTE: In order for HIV foster children to be eligible for CLTC services and additional funding, certain placement criteria must be met that are established per contract between CLTC and DHHS.*

4. Submits a "Difficulty of Care Board Rate" form to Program Development. Include documentation of the child's diagnosis and any confirmation of any CLTC involvement.

**NOTE: HIV-Active foster children are also eligible for participation in the Medically Fragile Children's Program. See Section 815.1.*

Program Development Staff

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5. Approves the referral and notifies the county or gives reasons for denial. Completes any required state forms and keys DCBR into CAPSS if needed.

FC/MTS Worker

6. Arranges a joint assessment visit with CLTC, if child is approved for their services and jointly develops a service plan, signing any needed forms.
7. Follows all other chapter procedures for monitoring the child's placement and case management issues involving compliance with permanency planning.

Foster Parent

8. As required by contract between CLTC, DHHS and DSS, completes the Foster Care Monthly Summary and forwards it to the county foster care worker by the second working day of each month.

FC/MTS Worker

9. Reviews the Foster Care Monthly Summary form for accuracy and forwards to Program Development staff, with a copy to CLTC, by the 5th working day of the month.

Program Development Staff

10. Reviews the forms to calculate reimbursement, enters the information on the specified HCFA forms to send to the Medicaid Process unit (along with a copy of the monthly summary) by the 7th working day of the month.

815.04 Foster Children at Risk of HIV

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to follow when foster children have come into the agency's custody from situations that placed them at risk of HIV (e.g. children born to parents already known to be HIV-Positive, those who have been subjected to sexual abuse by multiple contacts, those who have engaged in intravenous drug use, etc.).

CPS/FC or MTS Staff

1. Sets up a supervisory staffing upon learning that a child entering care, or already in care, is at risk for HIV. The purpose of the staffing is to:
 - a. Determine the necessary steps to take in order to obtain a medical diagnosis that confirms or rules out a diagnosis of HIV, and to obtain this evaluation in a manner that is least traumatic for the child, and
 - b. Plan how to share the information with, and engage the placement provider, in assisting the department and the child with a continuing, supportive placement, and

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- c. Plan how much information to share with the age-appropriate child.
- 2. Consults with foster care program staff and/or Office of General Counsel as needed.
- 3. Upon receiving information that the child is HIV-Positive or HIV-Active:
 - a. Solicits all medical recommendations necessary to plan for the future medical treatment and home care precautions needed by the child, and
 - b. Follow up with the same task in 1, a - c above.
 - c. Cross reference Section 815.3.
 - d. Consult with foster care program staff and/or Office of General Counsel on proceeding with advising the child's parents.

Note: Public health officials are also responsible for notifying the parents.

- e. Counseling should be arranged for the child, providers, and parents.
- 4. Upon receiving information that a diagnosis of HIV has been ruled out, determine if there are any future medical tests or follow up needed. Inform the provider, parent, and age-appropriate child of this information.
- 5. In the situation of children who are voluntarily engaging in behavior that places them at risk, counseling should be arranged.

815.05 Children Exposed to the Manufacture of Methamphetamines

Revision Number: 07-06, Effective Date: 01/30/2007

This section details the procedures for providing for the specialized needs of children exposed to the manufacture of methamphetamines. These procedures came from the South Carolina Drug Endangered Children Protocol (SCDEC Protocol) which was developed to help coordinate services among different agencies in South Carolina. The procedures listed below serve only as a guide for the tasks and responsibilities of the Agency. After law enforcement has taken emergency protective custody of a child, the CPS and/or FC worker must remain with the child through the medical assessment until they are appropriately placed. Because a child may have been exposed to hazardous chemicals there are special procedures that must occur (in addition to the basic services as outlined in Section 810.01 and Section 819):

CPS/FC Staff

- 1. Take age-appropriate clothing for the child due to the likelihood of clothing having been contaminated by hazardous chemicals.

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2. Interview the parents and other adults (at the site) to collect health history information about the child. Document the information on: Form 4 - Medical Information and Form 5 - Medication for Children (Until SCDEC Protocol Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms that are included in the manual memo releasing this revision).
3. Confer with a Drug Enforcement Administration certified or hazmat-trained personnel (law enforcement will help identify these personnel) to be certain that the child has been **decontaminated**, prior to transporting the child to receive medical care.
4. Take the child to a medical provider for an immediate care assessment as soon as possible but no later than 6 hours of a child's removal from the scene of a methamphetamines lab. The medical facility to be used will depend upon the severity of the child's medical condition, the urgency of the problem, and the time of day. This initial screening needs to occur quickly because of the instability and volatility of certain hazardous chemicals and to be certain that the screening results are accurate as possible.
5. Provide the health care provider with forms in #2 (referenced above), the child's health records, medications and any health equipment used by the child.
6. Prior to selecting a foster care provider, be certain the provider has some information about caring for children exposed to a methamphetamine laboratory. Providers need to be asked to monitor the child's physical, emotional, developmental well being and to watch for any latent or unusual symptoms that may arise.
7. Arrange for completion of a mental health screening to be conducted between 24 and 48 hours of the child's entry into foster care. This service may be performed by a qualified mental health professional or a pediatrician.
8. Arrange for completion of a baseline medical assessment for the child within 24 to 72 hours of their entry into foster care. This assessment must be conducted by a provider affiliated with a regional child advocacy medical assessment center or a physician trained in SCDEC Protocol. Prompt medical assessment of a child is necessary due to the risk of toxicological, dermatological, neurological, respiratory, or other adverse effects to the child.

*Note: This medical assessment is much more intensive than a standard examination due to the child having been exposed to dangerous chemicals.
9. Provide the following form to the physician examining the child: Form 6 - Exam Information Form .(Until SCDEC Protocol Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms that are included in the manual memo releasing this revision).
10. Within 30 days of the child's baseline medical assessment, arrange for a mental health evaluation. This evaluation must be conducted by a mental health professional, psychologist, or a licensed therapist.
11. Arrange for completion of a 30 day medical follow-up visit (from the child's baseline medical assessment) The assessment is to identify any latent symptoms and to provide appropriate intervention.

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12. Arrange for completion of a follow-up medical assessment within 12 months of the baseline medical assessment. The comprehensive physical and laboratory exam must include: (1) liver function; (2) respiratory function (includes history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds); (3) neurological evaluation (4) developmental screen.
13. Arrange for completion of a follow-up mental health evaluation within 12 months of the baseline medical assessment to identify any latent symptoms.
14. Document the activities in CAPSS.

816 Clothing Allowance

Revision Number: 03-02, Effective Date: 09/02/2003

These procedures outline the steps necessary for a child to receive an initial and a quarterly clothing allowance.

Children in signed adoptive placements or state supported facilities are not eligible.

Foster Care Worker

1. Verbally authorizes the foster care provider to purchase up to \$100 of clothing initially upon placement in foster care and quarterly thereafter in accordance with the following guidelines:
 - a. Children who enter foster care during a quarter are eligible for an initial allowance during that quarter.
 - b. In order to be eligible for the quarterly allowance, the child must have been in care the last day of the previous quarter and in a licensed placement the month the allowance is granted.

Note: A child **should not receive an initial and a quarterly allowance in the same quarter.*

 - c. Children in the custody of the agency who have been reunited with their family are not eligible for an allowance.
2. If the child's worker is given the clothing allowance to shop for the child, the worker must obtain receipts to be filed in the child's record.

**Note: Foster parents and other providers are not required to submit receipts for expenditures. Counties may use canceled checks or signed vouchers as proof that the foster parent received the allowance.*

Supervisor

3. Coordinates as requested by MTS and Adoption offices to ensure that allowances are provided to children they are serving.

Designated County Staff

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4. Submits the quarterly clothing allowance financial report via the “Financial Reporting of Human Services Funds” form by the fifth working day following the end of the quarter to State Office Program Development unit in order to receive the count’s quarterly allotment. This report should include:
 - a. the beginning balance in the fund for the first day of the quarter,
 - b. the ending balance on the last day of the quarter,
 - c. the number of children served for the quarter,
 - d. the estimated number of new cases eligible for the initial allowance in the next quarter, and
 - e. the estimated number of cases eligible for the next quarterly allowance.
5. Requests additional funds, with justification for the increase, from Program Development if needed during the quarter.

817 Emergency Shelter Care

Revision Number: 03-02, Effective Date: 09/02/2003

This section contains procedures to be followed when a child enters care, and initial placement is secured at an emergency shelter, which accepts children on a 24 hour a day basis for a limited time period. The emergency shelter must be a licensed facility. These steps also apply if emergency care is used at other times during a child’s placement history.

Foster Care or CPS Worker

1. Contacts the shelter administrator to determine if a vacancy is available for the child needing emergency shelter care.
2. Places the child in the shelter and provides staff with all available information on the child, family, and reason for placement.
 - a. Completes the “Prior Authorization/Referral “ form that is supplied to the shelter by Program Development.

**Note: This form authorizes payment to the shelter through state contract. It does not require a supervisory signature for emergency placements.*

3. Provides additional relevant information to the shelter as it becomes available to insure proper care for the child.

Foster Care Worker

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4. Begins search for an appropriate placement resource if the child is to remain in care over 30 days. Obtains any relevant information needed to coordinate appropriate placement arrangements (progress reports, medical exams, etc.).
 5. If the shelter placement is to extend beyond 30 days, obtains approval for a 30 day extension from the Program Coordinator. If the placement is to extend beyond 60 days, obtains approval for an additional 30 days from the County Director. Any extensions beyond 90 days must be based on special case circumstance and approved by Program Development.
 - a. Clearly documents the extension approval, including the reasons for the extension, in the child's record.
 - b. Notifies the shelter of the extension approval.
- *NOTE: Approval of extensions beyond 30 days must be based on the possibility of reunification within the requested time period or on the need for continued assessment of the child in order to make an appropriate placement. Approval beyond 90 days must be based on case circumstances such as allowing a child to complete a school term.*
6. Maintains at least weekly contact with the child during the first 30 days of shelter placement. If placement is extended beyond 30 days, maintains ongoing contact as needed, but at least monthly.
 7. Documents emergency shelter in placement section of CAPSS database.

818 Service Planning for Foster Care

Revision Number: 05-01, Effective Date: 11/03/2005

Service planning includes assessing for safety and risk of abuse and neglect for children in foster care, the completion of a thorough needs assessment that identifies the services the family needs for reunification, and the specific services the child needs while in an out-of-home placement. Children, regardless of age, have specific needs that must be included in the plan. Planning for children, age 13 to 21, must include the provision of services to prepare the child for independent living.

Team decision-making requires that service planning participants include the parent(s) or guardian from whom the child was removed, the non-custodial parent(s), the child, and any agency personnel or other individual who will provide services or support needed to implement the plan. An ongoing diligent search must be made for any absent parent (specifically biological and/or legal fathers) upon the child's initial entry in foster care. The Guardian Ad Litem assigned to the child should be involved to the maximum extent possible in planning and evaluation in accordance with the Guardian's legally mandated duties (S.C. Code of Laws, 20-7-122, 20-7-124, 20-7-125). The foster parents should be involved in team decision making as related to the needs of the child in their care and should be participants in any team meetings if the parents consent to their presence at the meetings.

Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at any meetings that they have been invited to.

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Team decision-making and service planning are documented through the development of a comprehensive placement/treatment plan for the child and parent in the Child and Family Assessment Service Plan. A permanent plan is to be developed for each foster child prior to the Removal Hearing (refer to Section 818.05). Completion of these forms (or the Total Service Planning forms if the child is in MTS) will meet state and federal legislation as well as Medicaid billing requirements.

S.C. statute (S.C. Code of Laws, 20-7-764) requires that a placement/treatment plan be presented at the removal hearing. In addition, billing for Targeted Case Management through Medicaid requires documentation of specific planning activities.

The evaluation process of a case should occur on an on-going basis. Cases should be evaluated to determine if the plan is working. Services provided to families and children should be reviewed to determine they match the needs identified in the Child and Family Risk Assessment Tool (DSS Form 30231). The parents and the child, if age appropriate, should be involved in the evaluation. Evaluations should also be conducted whenever there is a transfer between program areas, when there is a major change in the family (or risk of abuse and neglect is reduced), if a new report of abuse is received, at a case decision points (unsupervised visitation, return home, etc.) using the Child and Family Risk Assessment Tool.

Service planning requires that the Child and Family Service Assessment (DSS Form 30231) be updated at least every six months, when the case evaluation indicates a change in circumstance, when the time frame expires, or when changes in the case circumstances occur (such as new allegations). Any needed updates not consistent with the court order must be reviewed by the court unless parents agree to the revisions and the revisions are approved by the court (see Section 20-7-764). New allegations and findings which require additional services will require court sanction if the parents will not agree. (Under MTS, a child's case is reviewed monthly and the Total Service Plan is updated as necessary but at a minimum of every six months.). **Note: Reference Section 820.1.*

818.01 Assessing Whether To End Reasonable Efforts at Reunification and Termination of Parental Rights

Revision Number: 04-04, Effective Date: 08/17/2004

This section outlines procedures to be followed when a plan other than return home (to the child's family) may need to be made for a child entering, or already in, foster care.

**Note: Also, see Section 829 on Voluntary Relinquishment and S.C. Code of Laws 20-7-1572, 20-7-768, and also 20-7-763.*

CPS, FC, MTS, Staff

1. Reviews the circumstances of the child's removal and/or history in care to determine if county should ask court to authorize the agency to terminate or forego reasonable efforts at reunification.
2. Staffs with county attorney any potential recommendation to the court to forego or terminate reasonable efforts if there are prior court records (or if a family court determines subsequently) that:
 - a. the parent has subjected the child to one or more of the following aggravated circumstances;

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- (i) severe or repeated abuse;
 - (ii) severe or repeated neglect;
 - (iii) sexual abuse;
 - (iv) acts that the judge may find constitute torture; or
 - (v) abandonment;
- b. the parent has been convicted of or pled guilty or nolo contendere to **the** murder of another child of the parent, or an equivalent offense, in this jurisdiction or another;
- c. **the parent has been convicted of or pled guilty or nolo contendere to the murder of the child's other parent;**
- d. the parent has been convicted of or pled guilty or nolo contendere to voluntary manslaughter of another child of the parent, or an equivalent offense, in this jurisdiction or another.
- e. the parent has been convicted of or pled guilty or nolo contendere to aiding, abetting, soliciting, or conspiring to commit murder or voluntary manslaughter pursuant to items a, b or c or an equivalent offense, in this jurisdiction or another:
- f. physical abuse of a child of the parent resulted in the death or admission to the hospital for inpatient care of that child and the abuse is the act for which the parent has been convicted of, or pled guilty or nolo contendere to committing, aiding, abetting, conspiring to commit, or soliciting:
- (i) an offense against the person as provided for in Title 16, Chapter 3;
 - (ii) criminal domestic violence as defined in Section 16-25-20;
 - (iii) criminal domestic violence of a high and aggravated nature as defined in Section 16-20-25; or
 - (iv) the common law offense of assault and battery of a high and aggravated nature, or an equivalent offense in another jurisdiction.
- g. the parental rights of the parent to a sibling of the child have been terminated involuntarily;
- h. other circumstances exist that the court finds make continuation or implementation of reasonable effort to preserve or reunify the family inconsistent with the permanent plan for the child.
3. Includes in the recommendations to the court as to whether termination of reasonable efforts to reunite is consistent with the individual child and his/her needs.
4. Discusses case with county attorney to finalize legal actions necessary. Note: If a judge terminates reasonable efforts at any type of hearing other than a permanency planning hearing (TPR is exception), the

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court's order must require a permanency planning hearing be scheduled within thirty days of the date of the order.

5. Also reviews with the county attorney as to whether termination of parental rights should be pursued based on one or more of the following circumstances:
 - a. severity of abuse or neglect of a child or children or pattern of abuse or neglect - pattern defined as repetition or more than one child - and home not likely to be made safe within 12 months;
 - b. child has been out of the home of the parent for six months subsequent to the parent being placed under a court ordered placement plan, or by agreement by the department and parent, and parent has not remedied conditions which caused the removal. Caution: this ground may not be applicable if the court has given the parents a time frame for completion of objectives that exceeds six months.
 - c. child has been out of the home of the parent for six months and parent has willfully failed to visit;
 - d. child has been out of the home of the parent for six months and parent has willfully failed to financially or materially support the child;
 - e. presumptive legal father is not the biological father;
 - f. parent has a diagnosable condition unlikely to change in a reasonable time, including but not limited to:
 - (i) mental deficiency,
 - (ii) mental illness,
 - (iii) extreme physical incapacity,
 - (iv) alcohol or drug addiction with proof that agency or court has required parent to participate in a treatment program and parent has failed two or more times to complete the program successfully or has refused at two or more separate meetings with the agency to participate in a treatment program;
 - g. child has been abandoned;
 - h. child has been in foster care under the state's responsibility for fifteen of the most recent twenty two months;
 - i. a court of competent jurisdiction has determined the parent committed murder or voluntary manslaughter; or aided, abetted, conspired or solicited to commit murder or voluntary manslaughter; or committed a felony assault that resulted in serious bodily injury to the child or another child of the parent. **NOTE: Grounds g, h, i require that the agency pursue TPR unless the case meets exception criteria*
6. Termination of parental rights should not be pursued if the following exceptions exist which constitute compelling reasons for not initiating TPR:

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- a. the court has previously found that TPR is not in the best interest of the child due to pending reunification; or
 - b. the court has found that adoption is not viable and an alternate permanent plan more adequately meets the special needs of the child; or
 - c. the court finds that the agency has not afforded services to the parents as provided in the treatment plan or court hearing have been delayed, but only if:
 - i. the parent did not delay court proceedings without just cause or did not refuse the services;
 - ii. successful completion of services will allow for reunification during the extension period; and
 - iii. the case is not one for which the court has made a determination that reasonable efforts to preserve or reunify the family are not necessary pursuant to Section 20-7-763.
7. Initiates concurrent planning with county attorney and adoption staff to facilitate completion of adoption assessment (if needed or required).

**Note: Results of a thorough adoption assessment must be included in any supplemental report for a permanency planning hearing (S.C. 20-7-766).*

8. Prepares legal paperwork as needed/directed by county attorney within time frames prescribed by attorney.
9. Attends and participates in any scheduled hearing.

CPS, FC, MTS, or Adoption Worker

10. Staffs case as needed with attorney and supervisors to carry out order of the court, or to seek redress.
11. Documents legal actions on CAPSS Legal screen.

818.02 Parents Who Abuse or Are Addicted to Controlled Substances or Alcohol

Revision Number: 07-06, Effective Date: 01/30/2007

This section presumes a substance abuse problem has been identified with the parent(s) and focuses on possible court action involving biological parents who are addicted to, or are abusive of controlled substances. Also review Section 817.01 on Reasonable Efforts.

**NOTE: Treatment programs comprise a variety of services including but not limited to: inpatient treatment services, extended care/support services, alcohol and treatment programs, also referenced in S.C. Children's Code 20-7-765.*

For youth exposed to the manufacture of methamphetamines, refer to the specialized services and tasks described in Section 815.05.

Family Court

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1. May require the following of parent(s) if removal was made because of the addiction of the parent or abuse of a controlled substance by the parent.
 - a. Successful completion of a treatment program operated by the Department of Alcohol and other Drug Abuse Services or related treatment program; or
 - b. Successful completion of a treatment program by any other person living in the home who has been determined by the court to be addicted to or abusing controlled substances or alcohol and whose conduct has contributed to the parent's addiction or abuse of controlled substances; or
 - c. Successful completion of an inpatient treatment program; or
 - d. Ongoing participation in an aftercare and support program (e.g. Alcoholics Anonymous, etc.) for a specified period of time; or
 - e. May require compliance and successful completion of a treatment program as outlined by a drug court or other court which may include long-term counseling, sanctions, incentives, confinement or other requirements; or
 - f. Parent(s), or other person, or both must submit to random drug testing for a period of time to be determined by the court before the child's return. Random testing will continue and individuals must be drug free for a period of time to be determined by the court after the child's return and before case closure; and
 - g. Results of such tests are admissible only in Family Court proceedings brought by the agency.

Foster Care/MTS Worker

2. Advises family that failure to participate or complete two or more treatment programs can result in a judicial recommendation of termination of parental rights, if agency brings a TPR action.

818.025 Conducting an Initial Family Meeting

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines guidelines for conducting an initial Family meeting for children initially entering foster care.

Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting.

FC/MTS Worker

1. Schedules and facilitates a family meeting within 24 hours but no later than 3 days of the child's initial entry into foster care. (Reference SC Code of Laws, Section 20-7-610).

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2. Invites the following to the meeting: parents or legal guardians of the child, children (as appropriate), friends and relatives and members of the family shall be invited upon the approval of the parents, DSS supervisor (CPS and FC), DSS worker (CPS and FC), foster parents or group care providers.

*Note: Do not delay conducting a meeting if the foster parents cannot or will not attend this initial meeting. Obtain their input and present this information during the meeting.

3. Reviews the following during the meeting: the allegations regarding the child's entry into foster care, date of the first visit if it's not contrary to interests of the child (refer to Section 819 #8 for guidelines regarding if visitation is appropriate), personal belongings significant to the child, frequency of visitation for the parents and siblings, if siblings are placed together in the same foster home (if applicable), concurrent or alternative permanent plan, and the needs of the child (includes medical, physical, educational, mental health, etc.).
4. Attempts to create an open atmosphere in which all parties in attendance feel like they have an opportunity to provide input into the meeting.
5. Distributes the [Attendance List and the Endorsement Sheet \(Child and Family Assessment Service Plan, DSS Form 30231\)](#) to everyone in attendance and encourage them to sign the attendance sheet. If a parent refuses to sign the forms, document that they were presented with the information. Document that the parents refused to sign at the bottom of the forms and in CAPSS (dictation).

818.03 Conducting a Planning Conference Prior to Removal Hearing

Revision Number: 05-01, Effective Date: 11/03/2005

818.04 Removal Hearing and Post-Hearing Planning Conferences

Revision Number: 05-01, Effective Date: 11/03/2005

These procedures outline possible court action during the removal hearing and necessary steps to prepare for and conduct planning conferences after the removal hearing.

Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting/conference. See Section 20-7-764 (Children's Code).

Family Court

1. Per South Carolina Statute Section 20-7-764, the court may approve the Placement/Treatment Plan if it:
 - a. is consistent with the court order placing the child in the custody of the Department;
 - b. is consistent with the requirements for the content of a placement plan (Reference Section 820.1);
 - c. includes parental participation or reasonable efforts by the agency to secure participation; and
 - d. is meaningful and addresses circumstances upon which court based the removal decision

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2. Shall require that necessary amendments to the plan be submitted within 7 days if aforementioned criteria are not met.
3. Advise the family that failure to substantially accomplish objectives stated in the plan within time frames may result in termination of parental rights.

Foster Care/MTS

4. Immediately gives copy of plan to parents or guardian of child, and any other parties identified by the court including the child, if the court determines this action to be appropriate. If not given to the child, age appropriate information shall be provided to the child, unless the court concludes that this would not be in the child's best interest.
5. Gives copy of any part of the plan directly pertaining to foster parent or the foster child to the foster parents.

Family Court

6. Amends the plan if all parties agree and the amendments are submitted to the court with a written explanation for proposed changes and the court concurs; or
7. May amend the plan after a hearing demonstrating the need for the change.

Foster Care/MTS

8. Immediately sends a copy of the amended plan to all involved parties.
9. Reviews the case file and court orders, including the court ordered placement plan [and the Child and Family Service Assessment Form, DSS Form 30231](#).
10. Staffs case with supervisor.

Foster Care Worker

11. Coordinates team decision-making planning conferences, shares information and assists with identifying issues and obtaining information to be presented at the conference. Information should be obtained from all providers involved with the child or family.
12. Notifies Guardian Ad Litem, CPS worker, Foster care supervisor, CPS supervisor, parent(s) or guardian, the foster caregiver and the child (if appropriate) of the scheduled conference to facilitate joint decision making. The foster parent and involved family members may attend the meeting if the parents consent to their presence.

FC/MTS Supervisor

13. Conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and timeframes as needed. The completed checklist must become a part of the

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child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

FC/MTS Worker

14. Involves the child's Guardian Ad Litem in all planning conferences, when possible.
15. Documents case conferences in CAPSS Dictation screen for specific child and family.

818.5 Education and Health Passport

Effective Date: 04/05/2004

This section addresses guidelines and procedures for the use of the Education and Health Passport. The passport is designed to help keep recent health and medical information together in an organized fashion. This document should be used to aid foster care providers if they are performing a child specific function (i.e. enrolling a child in school, taking a child to routine medical/mental health care, etc.) and need to share some information about the foster child. Keeping the Education and Health Passport current will be a joint effort by both the Agency and the foster care providers. Good communication between the worker and the foster care provider is essential to this happening.

Designated County Worker

1. Completes the information on the Education and Health Passport upon a child's initial entry into foster care after the Removal Hearing.
*Note: Ensures that the child's record has all the documents and information contained in the Education and Health Passport .
2. Gives the foster care provider the completed Education and Health Passport with a reminder about the necessity of maintaining the confidentiality of information of foster children and ensuring that the passport is stored in a reasonably secure area. Foster Care Providers will be asked to update certain sections of the passport as new information becomes available and to store older information in a separate folder.
3. Periodically reviews the Education and Health Passport to obtain copies of recent medical or education documents to file in the permanent record.
4. In the event there is a change in placement, the passport and related information (information stored in a separate folder, etc.) must accompany the child. The next child care provider is to be given the passport and will be asked to keep it current and up-to-date.
5. Youth who are 18 years and older and/or are leaving foster care will be given the passport.
*Note: Do not store information concerning the child's parents, any psychological evaluations or legal paperwork in the Education and Health Passport.

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819 Minimum Ongoing Services/Supervision for Foster Children

Revision Number: 07-02, Effective Date: 01/10/2007

This section addresses the minimum services/responsibilities that the agency should deliver for a foster child and his/her family. Individual staff should be aware that additional responsibilities are possible and necessary depending on the structure and mission of the specific agency office and the circumstances of individual cases.

**Note: When there are multiple workers involved with children in a foster home, a specific worker may be designated to conduct the interviews with the other adults in the home. Cross-reference Section 819.2 for additional information on monthly contacts.*

For youth exposed to the manufacture of methamphetamines, refer to the specialized services and tasks described in Section 815.05.

FC/MTS Worker

1. Facilitates an initial family meeting within 24 hours but no later than three (3) days of the child's entry into foster care to review with the parents the allegations surrounding the child's entry into foster care, visitation frequency and activities, and other related issues.
*Note: Reference Section 818.025.
 - a. Documents the results of the meeting on the Case Transfer/Case Staffing Sheet (DSS Form # 3062) and in dictation of the agency's computerized system.
 - b. Coordinates team decision-making Placement Committee meetings thereafter if the child's placement changes or changes are needed in the permanent plan.
2. Visits with foster child weekly if child is placed in an emergency shelter. Weekly visits continue for the first 30 days child is in a shelter.

**Note: Reference Section 817.*

3. Schedules contacts with children according to the following minimum frequency standards:
 - a. Maintains weekly face-to-face contact for youth placed in an emergency shelter. **Weekly visits continue for the first 30 days of shelter placement;**
(Note also see Section 817, Emergency Shelter Placement).
 - b. Maintains monthly face-to-face contact with children in the custody of the Agency (from birth until 18 years of age);
 - c. Maintains monthly face-to-face contact with youth over age 18 years of age, if residing in a DSS licensed foster home;
 - d. Maintains monthly face-to-face contact **at the facility** with youth residing in a licensed group home. The case manager should interview the caregivers (facility staff who provided day-to-day care) as needed;

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- e. Maintains monthly face-to-face contact with youth 18 years and older, case managed by Managed Treatment Services;
- f. Maintains quarterly face-to-face contact with youth who signed themselves into foster care and are attending an in-state technical school, college or university;
- g. Maintains quarterly phone contact with youth who voluntarily signed themselves into foster care and are attending an out-of-state technical school, college or university.
- h. Any ICPC request for a home study and placement in another state should include a request for that other state to make monthly contacts and provide written progress reports (at least quarterly).

**Note: For information regarding Interstate Compact, refer to Sections 841.02 to 841.06.*

- 4. Maintains monthly face-to-face contact with each foster child for the purpose of:
 - a. assessing appropriateness and safety of placement including the monitoring of illnesses, incidents or injuries (if interview with child indicates further questioning is needed outside of the foster care setting, do so);
 - b. assessing and monitoring progress of child's development educational, medical and social needs, and ongoing services;
 - c. assessing and monitoring the child's relationships and role within the foster care setting and with family of origin;
 - d. providing Helpline Cards to children age five and older and explaining the circumstances and contacts for assistance.

**Note: Good casework practice anticipates the continuity of worker-child relationships. However, for children placed out of county, a worker in the county of placement may be designated to conduct the monthly interviews). Inter-county agreement (DSS-1530) is needed in advance of designation to confirm staff availability.*

- 5. Maintains the following contacts with members of the foster home in accordance with the following time frame:
 - a. a monthly interview either in person or by telephone with the foster provider;
 - b. face-to-face interview at least once every two months with the foster provider;

FC/MTS or Adoption Worker

- c. face-to-face interview with all adult members of the foster home on a quarterly basis (can be individually or as a group; and

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- d. face-to-face interview with any new adult moving into the foster home within one month of the adult moving into the home.

Note: Licensing worker must see new adults within 2 days. Refer Section 917.01.

- e. If conditions in the foster home, or circumstances with the foster children so indicate, staff must conduct more frequent visits and interviews for the purpose of increased oversight or casework support.
6. The above outlined contacts are for the purpose of:
- a. assessing provider's ability to maintain a safe and appropriate placement for a child;
 - b. identifying any services the provider may require to facilitate caring for the child;
 - c. assessing and monitoring adult relationships with child;
 - d. keeping provider apprised of ongoing plans for child;
 - e. sharing and documenting information of unusual injuries, incidents or illnesses of a foster child with the licensing worker and other agency personnel who have an interest in the foster home.
 - f. reviewing the Education and Health Passport to ensure it is kept up to date.
7. Document monthly face-to-face contact with the parents or guardians from which the child was removed or to whom the child may be reunited for the purposes of:
- a. assessing family's ability to maintain a safe and appropriate placement for children in the home or possibly returning to the home;
 - b. identifying any services family may require to facilitate caring for children;
 - c. assessing and monitoring progress of any ongoing services and family's compliance with treatment plan: and
 - d. assessing and monitoring adult relationships with children.
8. Coordinate reasonable and meaningful visitation between child and parents, siblings, and significant others. Recommended minimum visitation is twice per month between child and parents, or as the court order stipulates.
- a. Supervisory assistance/guidance should be sought regarding the appropriateness and safety of visitation when issues of severe physical abuse, sexual abuse and domestic violence are involved.
 - b. Court sanction should be obtained to ensure specific visitation restraints are in place as needed.
 - c. Visitation plans should include input from the parents, child, and current childcare provider to include locations and the types of activities both child and parent can participate in to facilitate a quality visit.

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9. Coordination and completion of initial comprehensive medical assessment (within five days of entry into care), initial mental health assessment (within 24-48 hours of entry into care), and any ongoing services identified as needed or required by the child. (Section 814).
10. Arranges for completion of on-going medical assessments for a foster child according to the following federally (EPSDT Guidelines- Physician's Provider Manual, Section 2, PP. 59-60) approved standards:

<u>Ages:</u>	<u>Frequency:</u>
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Birth to 2 years of age	Annual screenings (EPSDT will pay for 9 total assessments/screenings)
3 to 7 years of age	Annual screenings
8 to 21 years of age	Bi-Annual (every 2 years) screenings

*Note: The above guidelines are intended to clarify the minimum standards for a child having medical screenings. Always defer to the child's physician if more frequent or intensive medical care is recommended.

Periodically update the file to be certain it contains the most recent medical information.

11. Schedule minimum dental services for a foster child according the following federally (EPSDT) approved standards:
 - a) Two teeth cleanings per year from birth until 21 years of age.
 - b) Other dental treatments based on a physician's recommendations.
12. Monitoring of service delivery providers.
 - a. Documents requests to providers for quarterly updates on progress of service delivery.
 - b. Continuous follow up to assure receipt of reports from providers for purposes of evaluation and providing copies to GAL and FCRB.
13. Follows up with school personnel regarding any identified school issues and monitors ongoing educational progress for school age children through direct contact with school personnel.
14. Written invitations to attend Foster Care Review Board sent to children age 10 and older, parents, foster care providers, GAL, all service delivery professionals - **at least** three weeks in advance of meeting. Include report form for foster parents. Copies to be provided to Foster Care Review Board.
15. Document periodic evaluations of progress in meeting placement plan objectives and in achieving the child's permanent plan by completion of the Evaluation Form (Child and Family Assessment Service Plan, DSS Form 30231). Evaluations should be conducted at case transfer between units, when there is a major

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change in the family (or risk factors for abuse or neglect increases or is reduced), if there is a new report of abuse, and at case decision points (unsupervised visitation, return home, etc.).

- a. Review the parent's treatment plan quarterly. Complete a child and family assessment (DSS Form 30231) every six months unless risk factors or changes in the family's situation indicates that an assessment should be completed earlier.
- b. Review the child's current treatment plan quarterly (DSS Form 30231). Assess child's needs every six months on child placement/treatment plan.
- c. Update treatment objectives and permanent plan as appropriate, including assessing viability of adoption and/or concurrent planning. (Refer to Section 818.05).

FC/MTS Worker

- d. Discuss and share copies of any revised plans (or supplemental reports documenting a request for a change in plans) with family and age-appropriate children. **Note:** If parent's objectives change to the extent that the parents do not agree with updates, and previous objectives were court-ordered, then the agency needs to schedule a judicial review or permanency planning hearing to recommend the changes.

FC/MTS Supervisor

16. Conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and timeframes as needed. The completed checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

FC/MTS Worker

17. Prepares supplemental report for permanency planning hearing to be held within one year of the child's entry into care.
18. Completes any and all necessary eligibility forms/processes to maintain child's benefits and services, including but not limited to;
 - a. board payments
 - b. entitlement programs
 - c. child support
 - d. Medicaid
 - e. initial clothing allowance
 - f. funding for service delivery by other providers

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- g. IV-E assessment and reviews
 - h. agency data systems
 - i. administrative and judicial reviews
19. Documents responses to placement crises such as disruptions, delinquent and runaway behaviors.
20. If the decision is made to move a child from a foster home, how this is to be accomplished depends upon whether the removal is on an emergency or non-emergency basis; refer to the following sections for additional information:
- a. Section 845, Change in Foster Placement
 - b. Section 845.1, Foster Parent Requests Child Be Moved
 - c. Section 845.2, Emergency Removal of a Child
 - d. Section 845.3, Non-emergency Removal of a Child
 - e. Section 845.4, Change in Permanent Plan that Involves Move from the Current Foster Home
21. Advises attorney of current foster provider's name and address in order for the provider to receive notice of all hearings concerning foster care.
22. Advises parent of nature and location of placements and placement changes unless it is determined that disclosure of the location of the placement to the parents, guardian, or any other person would be contrary to the best interest of the child. In making this determination, the department must consider evidence of sexual abuse, physical abuse, or substance abuse by an adult living in the child's home or evidence of criminal domestic violence in the child's home. If disclosure is contrary to the child's best interest, disclosure must not be made to the abusing party or any other member of the abusing party's household.
- a. In the situation of children who indicate that they do not wish to visit with family members, an assessment must be made in conjunction with the Guardian Ad Litem (if one is still involved) and in consultation with a therapist to support if it is in the child's best interest to restrict visitation on a long-term basis. The court must sanction ongoing denials of visitation.
23. On an ongoing basis during placements, advises the foster provider of any new information about the child that could affect either the ability of the foster provider to care for the child or the health and safety of the child or the foster family. Reviews the Education and Health Passport periodically to obtain copies of recent medical or education documents to file in the permanent record.
24. Initiates and maintain resources or services to assist youth ages thirteen and older in acquiring independent living skills.

**Note: Reference Section 832 - 832.4.*

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25. Cross reference Section 831.1 for ongoing supervision of children who remain in foster care for extended periods.

819.01 Additional Services for Foster Children Adjudicated for Sex Offenses

Revision Number: 03-02, Effective Date: 09/02/2003

In accordance with S.C. statute, specifically section 20-7-1635, the agency must inform a provider of a foster child who has been adjudicated, convicted, or pled nolo contendere to a sex offense.

Note: Law enforcement agencies are required to release information regarding individuals listed on the Sex Offender Registry including minors who have committed more than one offense. The only exception is if a minor is a first time offender and under the age of twelve years of age.

CPS, FC or MTS Worker

1. Does not select a foster home as the designated placement for a minor who has been adjudicated, or convicted, or pled nolo contendere to a sex offense unless:
 - a. the minor will be the only child in placement for the duration of his or her placement; or
 - b. the minor will be in placement with his or her siblings and the placement will not place the siblings at risk.
2. May select a therapeutic foster home as placement.
3. Informs any foster provider of the minor's past sexual offense(s).
4. Within 24 hours of release from a DJJ facility or within ten days if the minor was not in a facility, assures that the minor has been registered with the local county sheriff. Registration must occur annually for the rest of the offender's life. According to the law, it is the parent or guardian's responsibility for assuring that a minor offender is initially registered and continues to be registered. Written change of address notification must occur within ten days of a move. If the minor moves from one county to another, both the past sheriff's department as well as the new sheriff's department must be notified.

Note: See Statute Section 23-3-440(3).

5. Assures that a child under age twelve who is adjudicated delinquent for a sex offense be given appropriate psychiatric or psychological treatment to address the circumstances of the offense for which the child was adjudicated.
6. Understands that a sex offense is defined under 23-3-430 (C) as:
 - a. criminal sexual conduct in the first degree (16-3-652);

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- b. criminal sexual conduct in the second degree (16-3-653);
- c. criminal sexual conduct in the third degree (16-3-654);
- d. criminal sexual conduct with minors, first degree (16-3-655(1));

CPS, FC or MTS Worker

- e. criminal sexual conduct with minors, second degree (16-3-655(20 and (3) - unless evidence presented at the criminal proceeding resulted in the court making a specific finding on the record that the conviction obtained for this offense resulted from consensual sexual conduct or consensual sexual conduct between person under sixteen years of age.
- f. engaging a child for sexual performance (16-3-810);
- g. producing, directing, or promoting sexual performance by a child (16-3-820);
- h. criminal sexual conduct; assaults with intent to commit (16-3-656);
- i. incest (16-15-20);
- j. buggery (16-15-120);
- k. committing or attempting lewd act upon child under sixteen (16-15-140);
- l. peeping (16-17-470);
- m. violations of Article 3, Chapter 15 of Title 16 involving a minor which violations are felonies;
- n. indecent exposure or a similar offense if the court makes a specific finding on the record that based on the circumstances of the case, the convicted person should register as a sex offender;
- o. kidnapping (16-3-910) except when the court makes a finding on the record that the offense did not include a sex offense.

819.02 Contacts with Foster Children and Providers

Revision Number: 07-02, Effective Date: 01/10/2007

This section describes activities that should be documented by the caseworker or member of the casework team during the monthly contact with the foster child and the foster care provider. [Documentation of monthly contacts must be entered into CAPSS prior to the end of each month \(referenced in Directive Memo D04-22\).](#)

The casework team is defined as a DSS child welfare supervisor or caseworker that has ongoing knowledge or responsibility for a specific foster child.

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**Note: Refer to Section 819 for information regarding the frequency of contacts for foster children and providers.*

Foster Care/MTS worker

1. Maintains a personal face-to-face monthly contact with the foster child and monthly interviews or face-to-face contact with the foster parents (or group care provider) as defined in Section 819. Monthly contact is defined as being within each calendar month.
 - a. This includes children who have been returned to the birth parents or family members and for whom the agency retains legal custody. It is also applicable to children in group care, institutions, Juvenile Justice facilities, Disabilities and Special Needs programs, therapeutic foster care placements, and Mental Health facilities, etc. (Refer to "h" for out-of-state placements.)
 - b. During the prescribed contact, the case manager must interview and observe the child in order to determine if the child should be interviewed outside the presence of other adults and other minors who reside in the home in order to assure the health and safety of the child. If the case manager has concerns about safety in the placement or suspects abuse or neglect, the case manager must interview and observe the child outside the presence of other adults and other minors who reside in the home. If there is a concern regarding potential abuse or neglect, the case manager must follow procedures outlined in Section 838.
 - c. During the prescribed monthly contact, ensures the foster child who is age appropriate (5 years of age and older is recommended) has the printed card with the toll free number and if the child does not have this card available, provides another card (Refer to Section 810.01-e).
 - d. If a child is in an institution or group care placement, a face-to-face contact must be made with the child at the facility. The case manager should interview the caregivers (facility staff who provided day-to-day care) as needed.
 - e. Apprises foster parent/providers of the child's treatment objectives and permanency plan (Located in Child and Family Assessment Service Plan, DSS Form 30231). If there is to be a change in current placement, refers to Section 845.4, Court Approved Changes in Permanent Plan that Involves Move From Current Foster Home and Section 843, Annual Permanency Planning Hearing.
 - f. Works with foster parents/providers in a manner which is least intrusive and disruptive to the lives of foster children and providers/families.
 - g. In compliance with state statute, documents the following in the child's case record:
 - (i) Whether the assigned caseworker or member of the casework team did or did not conduct the face-to-face contact with the child.
 - (ii) Whether the assigned caseworker or member of the casework team did or did not conduct monthly interviews or face-to-face contacts with foster parents in the home.
 - (iii) Whether the child age five or older has a card with the 1-800 toll free number and, if not, whether the child was given a new card;

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- (iv) An assessment of safety in the current placement.
- h. Any ICPC request for a home study and placement in another state should include a request for that other state to make monthly contacts and provide written progress reports (at least quarterly).
- 2. Communicates concerns or unusual injuries/incidents or illnesses of foster children with Foster Care supervisor, Foster Care Licensing Worker and other agency personnel who have an interest in the home.
- 3. Follows up with providers on results of any medical treatment that may have been requested related to a child's illness, incident, or injury. Obtains a copy of medical reports as needed. Periodically reviews the Education and Health Passport to obtain copies of recent educational or medical documents to file in the permanent record.
**Note: Refer to Section 819, for information concerning medical and dental needs of foster children.*
- 4. Follows up with providers on child's progress in school and addresses any identified problems.
- 5. Completes county exception report when a child or foster provider contact is not provided as per statute. Cross reference Section 819.
- 6. Sends monthly correspondence to last known address of absent parents or parents who are not cooperating. Continue to document efforts to locate absent parents.

819.03 Public School and the Special Needs Child
Revision Number: 05-01, Effective Date: 11/03/2005

The public school systems offers a variety of services for children who have special needs including:

- » instruction in varied settings such as the classroom, home, hospital or other settings;
- » physical education;
- » speech-language services;
- » travel training; and
- » career and technical education

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA-97), Section 504 of the Rehabilitation Act of 1973 and State law mandate that all children with disabilities ages three through twenty-one shall be provided a "free and appropriate public education, including special education and related services." (Regulation 43-243). Generally the public school system considers a child with special needs or disability to include the following: mental retardation, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments, and specific learning disabilities. If a child is having difficulty in school, they may have a disability that is not obvious or readily apparent. In order for a child to receive services from the school, the child must be assessed for eligibility. The following information and procedures are provided to assist in understanding the mechanism to obtain these services.

Foster Care/MTS worker

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1. Inquires with the biological parent(s) or foster child if they attend or ever attended special needs classes.
2. Requests a screening from the school district to determine if the child is eligible for services. A screening will determine if a follow-up assessment is necessary.
3. Provides necessary information, completes any paperwork, and follows-up as necessary with the school district.
4. Approves an evaluation of the child if the screening suggests that the child may have a disability. An evaluation must assess all areas related to the disability including, if appropriate, his or her health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.
 - a. The school district will complete an evaluation within forty five (45) days of the agency's/parent's consent.
 - b. If a child is from another school district and had an evaluation that confirmed a disability, the school district to which one is currently applying to has the option to conduct another evaluation or accept the previous evaluation.
 - c. If the evaluation determines that a child is not eligible for services, there is a means to appeal the decision through due process and/or to request an independent evaluation at public expense if felt the initial evaluation was inappropriate. Contact the Special Needs Coordinator at the local school district for more information.
5. Notifies the biological parent, foster parent and Guardian Ad Litem of the results of the screening/evaluation and informs them of any additional meetings surrounding an individualized educational plan (IEP). An IEP meeting must be held within thirty (30) days of the determination of eligibility. The purpose of the meeting is to determine goals, objectives and the appropriate placement/setting (self contained class, regular class, residential placement, etc.) to help the youth.
 - a. A school district is only required to provide **seven (7) calendar days advance notice of an IEP meeting** (unless it is an expedited meeting, in such circumstances only two (2) business days notice is required). Please ensure that other interested parties (foster parents, GAL, biological parents, etc.) are informed that they may receive very short notice of the IEP meeting. If the scheduled time is not convenient, the meeting may be rescheduled.
 - b. Members of an IEP team are usually comprised of a district representative, a principal, special education consultant, school psychologist or guidance counselor.
6. Notifies the biological parents, the foster child, foster parents and Guardian Ad Litem of the scheduled IEP as soon as possible. The foster child has the right to participate in the meeting if they are fourteen (14) years or older or if the youth has expressed interest in attending.
7. Attends, participates and assists with the IEP meeting. Forwards necessary information to the IEP team that addresses the foster child's problems/difficulties, and maintains confidentiality where appropriate. The school district must ensure the services to youth are provided within thirty (30) days of the evaluation.

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- (a) Forwards copies of the IEP to biological parent, foster parents and Guardian Ad Litem.
 - (b) Revises the child's treatment plan ([in Child and Family Assessment Service Plan, DSS Form 30231](#)) to reflect some of the goals of the IEP, especially goals that address transition services.
8. Follows-up as needed with additional IEP meetings which are generally conducted on an annual basis to review goals and progress. The school or parent may request a meeting if it is warranted.

819.04 Home Schooling of Foster Children by Foster Care Providers

Revision Number: 03-02, Effective Date: 09/02/2003

Until such time as more definitive procedures are developed, decisions regarding the agency giving approval for a foster child to be home schooled are to be made on a case-by-case basis and only after consultation with foster care program staff at State Office.

819.05 Use of Private Schools

Revision Number: 03-02, Effective Date: 09/02/2003

Children in foster care should be able to remain in the same school even if they are no longer residing in the same school zone, provided transportation is reasonably available. If a foster child formerly attended a private school and the parents are desirous of the child's continued attendance, the child may continue to attend the same school if the parents remain financially responsible and that the child's best interest/safety is maintained. Parents and foster parents must be advised that the agency cannot and will not pay for private schooling. Further, foster parents must be advised that the religious preferences of the child's parents must be respected when considering church affiliated schools and institutions.

Note: Agency staff need to approach parents about religious preferences.

820 Family Preservation

Revision Number: 03-02, Effective Date: 09/02/2003

When foster care placement is necessary, efforts to achieve family preservation through reunification are mandated by federal law (Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980 and Public Law 105-89, Adoption and Safe Families Act of 1997), unless circumstances exist as described in Section 817.01

The DSS workers, parents, child(ren), foster care provider, and service providers work together to reunite the family by coordinating casework services. The DSS worker serves as an advocate for the child and family to facilitate services to reunite the family as expeditiously as possible.

When reunification is not possible, federal guidelines identify other permanent plan options of adoption, legal guardianship, and placement with a fit and willing relative. Any permanent plan other than the above-mentioned

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must be supported by compelling reasons and must be approved by a family court judge. Agency guidelines translate these federal permanent plan options to 1. Reunification, 2. Adoption (Adoption by Relative, Adoption by Foster Parent, Adoption by Other), 3. Relative Custody/Guardianship, 4. Non-relative Custody/Guardianship, and 5. Extended Care due to Compelling Reasons (Long Term Foster Care with a Relative, Long Term Foster Care with a Non-relative, Extended Care to Work Towards Independent Living/Emancipation, Extended Care due to Special Needs of the Child {non-long term care})

The Department also provides follow-up or aftercare services to children and their families, to the extent possible, to maintain reunification after the child is returned to the family.

The following procedures address working with parents, foster care providers, and other service providers toward family reunification as well as after care services. Also included are procedures for termination of parental rights, notice for removal, and visitation.

820.01 Implementation of the Treatment Plan with the Family

Revision Number: 05-01, Effective Date: 11/03/2005

These procedures are the basic steps to be taken in implementing the family's treatment [plan](#) .

The [Child and Family Assessment Service Plan](#), (DSS Form 30231) is the agency document that assesses for immediate safety and future risk of harm to the child.

[*Note: Assessing for safety and must be ongoing and must include children in foster care placements. Monthly dictation with children must indicate that safety and risk factors were assessed.](#)

[Once risk and safety issues have been identified, a treatment plan is individually developed for the parents and children. The treatment plans for the children and parents are located in DSS Form 30231 and must be updated according to the schedule listed below.](#)

[*Note: Because this document has forms for other program areas, be certain to review the directions for guidance in completing the appropriate parts or sections for foster care.](#)

Foster Care/MTS

1. Follows through with actions identified in the treatment plans.
2. [Completes the Family Assessment \(DSS Form 30231, to assess for risk & safety of children in foster care\) initially and at six month intervals, or whenever there is a major change in the family or permanent plan.](#)
3. [Develops a treatment plan for parents and children in DSS Form 30231. Present the plan to the parents and children \(if appropriate\) and request their signatures if in agreement with the plan. If either parent refuses to sign, be certain to document efforts to present the plan on the treatment plan and in CAPSS \(dictation screen\).](#)

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4. Ensures that educational components of the child's overall well being are addressed in the child placement/treatment plan. Reviews the child's report cards, standardized tests (SCRA, PACT, etc.), or interim reports to determine the child's progress (or status) in school and to help identify areas needing additional assistance. Follows-up as necessary.
5. Updates the child's treatment plan (Individualized Service Plan) according to the following schedule:
 - a. when the case evaluation indicates a change in circumstances (e.g. objectives met or need revising);
 - b. at least every six months.
6. Ensures that educational components of the child's overall well being are addressed in the child placement/treatment plan. Reviews the child's report cards, standardized tests (SCRA, PACT, etc.), or interim reports to determine the child's progress (or status) in school and to help identify areas needing additional assistance. Follows-up as necessary.
7. Conduct a Family Meeting/Team Decision Meeting whenever there is a major change in the family, change in the child's permanent plan, or in preparation for a pending court hearing. Foster parents may participate with the parents consent. The following information should be presented at the meetings:
 - a. Information from a revised safety assessment.
 - b. Progress/success on treatment plan with parent(s) and with the child.
 - c. A review of services offered and the utility of services in reducing or eliminating targeted problem.
 - d. Recommendations from the Guardian Ad Litem and/or from the Foster Care Review Board.
 - e. Documents the outcome of any staffings in CAPSS - "Dictation" screen, Complete Case Staffing Form (DSS Form 3062).
 - f. Presents recommendations (if appropriate) from other professionals working with the family.
8. Updates the parent's treatment plan according to the following schedule:
 - a. when the case evaluation indicates a change in circumstances (e.g. objectives met or need revising).
 - b. at least every six months.
 - c. at time of judicial review or permanency planning hearing.

* Note: If the case evaluation (or case circumstances such as new allegations) indicates a need to change objectives for the parents or permanent plans for the child, then staff should discuss the case with the county attorney and file for a judicial review or permanency planning hearing to obtain a new order, if deemed necessary.
9. Verifies that services outlined in the placement/treatment plan are being delivered in the amount and frequency specified.
10. Reviews current court orders to ensure that if new revisions to the agreements are made, the revisions are brought to the court promptly for review if the proposed revision is inconsistent with the previous court order.

Note: This does not mean that the attorney cannot file a Termination of Parental Rights complaint prior to having a permanency planning hearing.

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11. Conducts a review of the case record within six (6) months of the child's initial entry into foster care using the Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow-up actions and timeframes as needed. The checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted annually.
12. If grounds exist, the agency may submit an action for Termination of Parental Rights (petition) without first obtaining court approval of a change in the permanency plan (Section 20-7-766) and without first seeking an amendment of the placement plan (Section 20-7-764).

*Note: Refer to Section 812.01 for additional information concerning exceptions.

13. Ensures that the child and parent(s) are receiving needed social, educational, physical and mental health, and counseling services.
14. Arranges for parent-child visitation at least twice monthly (unless contrary to the child's best interest and/or the court orders otherwise) and for sibling visitation, according to the visitation portion of the placement plan.
15. Assures that the foster care provider receives resources for assistance/instruction in communicating with the child if the child is non-English speaking (e.g. the child speaks a native language other than English or is hearing impaired and uses sign language).

****NOTE: Reference Directive Memo D02-39 related to Limited English Proficiency and Sensory Impaired Persons.***

16. Documents monthly contact with foster children and providers as prescribed by state statute.

**Note: See Section 819.2 for detailed requirements of contacts.*

820.02 Working with Incarcerated Parents

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to be followed in case planning with an incarcerated parent whose child is in foster care.

Foster Care/MTS worker

1. Locates where the parent is incarcerated and determines what he/she was convicted of, or pled to, and his/her sentence and likely release date. (If child has been in care for some time, determines if the incarcerated parent was ever informed that his/her child was in foster care. If not do so immediately).
 - a. Documents these attempts in the case file.

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2. Advises incarcerated parent(s), through direct contact (when possible) of their rights and responsibilities, including a request for support and their right to visit. Send any copies of previous pleadings and orders concerning their child.
 - a. Determines if funds are available through the parent or an alternate source, (e.g. Social Security, for the child's support).
3. In consultation with the parent and the facility social worker (if there is one), determines what rehabilitation and training programs are available and appropriate for the parent's participation, when determined that the parent may be able to assume their parenting responsibility upon release.
4. If the parent's criminal history does not prohibit visitation and if their criminal history and prognosis for rehabilitation does not prohibit reunification as a plan, develops a treatment plan with the parent that includes visitation arrangements and treatment objectives.
 - a. Forwards a copy of the treatment plan to the parent
 - b. Contacts the prison social worker (if there is one) to discuss the plan and arrange for services that are available through the prison system.
 - c. Involves the parent in planning to the maximum extent possible.

** Note: Reference 820.1 for treatment plans.*

 - d. Involves relatives in the plan, if appropriate.
5. Consult with attorney regarding any needed court sanction of the plan.
6. Makes arrangements and/or provides transportation for visitation as needed. Visitation may be discontinued only if the court sanctions this.
7. Notifies parent for his/her input and participation, when possible, in any court hearings and Foster Care Review Board meetings.
8. If appropriate, refers to other permanent plan options if return home cannot be accomplished in reasonable length of time, i.e. twelve months or less, or if it is determined that the parent cannot or should not assume their parental responsibility at a future date.
 - a. Must obtain authorization from the court to discontinue planning with the parent.

820.03 Parents Residing at In-patient Facilities

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to follow when working with parents who are receiving in-patient services for mental health or substance abuse problems.

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Foster Care Worker

1. Contacts parent(s) directly when possible or contacts social services staff of the institution to inform parents of the child's placement and parents' rights and responsibilities.
 - a. Obtains diagnosis through evaluation report, if appropriate;
 - b. Ascertain (if possible) the approximate length of parent's stay by conferring with parent's therapeutic service providers or meeting with discharge planning team.
 - c. Discuss and coordinate the agency's recommended permanent plan with the provider's plan of services
 - d. If expert evaluation determines involvement is not appropriate, schedules a Judicial Review or Permanency Planning hearing to request court sanction for not involving the parent, or discontinuing their involvement, and/or petition for termination of parental rights. See Section 818.1.
2. Contacts parent(s) directly when possible or contacts social services staff of the institution to inform parents of the child's placement and parents' rights and responsibilities.
3. Encourages parent(s) to correspond with agency and their child whenever possible and appropriate.
 - a. Arranges/provides visitation, if appropriate.
4. Determines if funds are available through the parent(s) or an alternate source, (e.g. Social Security), for support of the child.
5. Involves the parent(s) in treatment plan development for the child to the extent possible and assists in the parent's continued contact (correspondence and visitation) with the child.

820.04 Parents Who Fail to Cooperate

Revision Number: 07-05, Effective Date: 01/12/2007

This procedure outlines steps in working with parents who fail to cooperate.

Foster Care/MTS worker

1. Ensures that parents are provided copies of all treatment plans, case evaluations, court orders, including notice that failure to substantially accomplish objectives stated in the court ordered treatment plan within the established time frame may result in termination of parental rights.

Note: If a parent is non-compliant and this behavior may be attributed to a substance abuse related problem, refer to Section 818.2.

2. Documents efforts to maintain monthly face-to-face contact with the parents.

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3. Writes each parent on a monthly basis to inform them of their obligation to support, to visit, and to participate in treatment for return of the child, including notice that failure to comply with visitation, support, and treatment could result in TPR. If letters are consistently returned “unclaimed”, checks address and sends by regular mail to see if these will also be returned. Additionally, a letter can be hand delivered to the address.
 - a. If parent cannot read English, letters need to be translated into appropriate language.
4. Continues diligent search efforts for absent parents by referral to Child Support and through regular contact with Child Support (CS) staff and by accessing data in the county office through the CS liaison for the county office.
5. Notifies the parent’s attorney and the child’s Guardian Ad Litem of the parent’s refusal or failure to cooperate.
6. Reviews progress of parents towards reunification at quarterly case reviews including consideration of alternative permanent plans.
 - a. Reviews court orders and treatment plans to determine the time frame for services and actions or tasks to be completed, identifying possible barriers to successful completion of treatment and assessing the agency’s compliance with its responsibilities in assisting the parents in accessing services.
 - b. Confers with Foster Care supervisor, Placement Committee, TSP team, GAL and all professionals involved in service delivery, including FI staff if parent is receiving benefits.
 - c. Consults with county attorney regarding parent’s failure or refusal to cooperate in terms of possible court review or contempt action. Utilize concurrent planning with attorney and adoption staff to assess termination of parental rights and adoption or alternative permanency plans.
 - d. Documents attempts to involve parents in and/or notify parents of the quarterly case evaluation and its results.
7. **No later than six months of the child entering care**, considers permanent plan options other than returning the child home if progress is not being made according to objectives addressed in the treatment plan (See Section 825).
 - a. Consults with county attorney to assess grounds for termination of parental rights (See Section 818.1).
 - b. Staffs case with adoptions regarding the appropriateness of adoption as the permanent plan (See Section 826).
 - c. Staffs case to review the concurrent plan (See Section 810.015) and to designate a revised permanent plan.
 - d. If the plan becomes TPR/Adoption, submits the TPR summary (or related information) within the time frames designated by the county attorney or contracted attorney.

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- e. Updates child's placement plan to reflect a change in the permanent plan.
- f. Notifies the parents of any change in the permanent plan.

County Attorney

- 8. Files TPR complaint to schedule a TPR hearing if staffing determines that TPR is the appropriate permanent plan.

Note: It is not necessary to have a permanency planning hearing to approve a plan of TPR/Adoption prior to filing a complaint for TPR, unless it is time for the annual permanency planning hearing.

Foster Care/MTS

- 9. Requests a Permanency Planning hearing as needed, or annually, to obtain approval of any change in the permanent plan. Completes a supplemental report outlining the following: **Note: See Section 843.*
 - a. what services have been provided or offered to the parents to facilitate reunification including a statement regarding whether or not these services constitute reasonable efforts;
 - b. the compliance or lack of compliance by all parties with the plan approved at removal;
 - c. the extent of visitation and support and reasons for the lack of or infrequency;
 - d. whether previous services should continue or whether additional services are needed to enable the child to return to the parents;
 - e. whether return home can be expected, or if TPR is in the best interests of the child, including:
 - (i) the results of a thorough adoption assessment,
 - (ii) steps the agency is taking to promote and expedite adoptive placement and finalization including recruitment efforts;
 - f. whether the child is in a mandatory TPR category or if the child's situation fits exceptions against TPR .

**Note: See Section 818.1.*

 - g. alternate permanent plans (other than reuniting with the parent or TPR) and time frames, with documentation of services provided by or efforts of the agency that support this plan for the child and whether or not these services constitute reasonable efforts and compelling reason to implement the plan.
**Note: See Sections 818.1 and 826 for more information.*
 - h. both in-state and out-of-state placement options were considered. If a child is already in an out-of-state placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests.

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10. Documents case activity, permanent plan status, and court actions in CAPSS using “Dictation” screens and “Legal” screens of the Foster Care Service line for each child.

821 Arrest of a Foster Child

Revision Number: 04-6, Effective Date: 10/28/2004

The following procedures should be followed when a foster child is arrested.

Foster Care Provider

1. Immediately notifies the agency of the child’s arrest.

Foster Care/MTS worker

2. Contacts DJJ or law enforcement to determine the charges and the child’s current location.
3. Notifies the child’s family and Guardian Ad Litem of the arrest, the charges, and child’s location.
4. If the child is charged as a juvenile, coordinate recommendations with DJJ staff to ensure that the child’s best interests are served.
 - a. Discusses the child’s history and current status with the child’s attorney.
 - b. Attends the DJJ hearings, providing input as requested.
 - c. If child is adjudicated delinquent and placed on probation rather than placed in a detention facility, coordinates continued placement with DJJ and MTS and continues providing foster care services as required under Section 818 and Section 819.
 - d. If the child is placed in a detention facility, follows procedures outlined in Section 821.
5. If the child is charged as an adult,
 - a. Determines when the bond hearing will be held and the possible recommendation regarding bond. If it appears that the child may be released on bond prior to the trial, staffs the case with MTS to determine a possible placement plan consistent with the conditions of the bond.

Note: The agency has no funds to pay bond for a foster child nor does the agency provide legal representation to the child.

- b. Follows up to ensure that the child has been referred to the Public Defender’s Office whether charged as a juvenile or as an adult.
- c. If the child is tried as an adult, convicted and sentenced to jail time, staffs case with all involved parties to assess what future services the agency might be able to offer, including assistance with post-incarceration living arrangements. Consideration should be given to the youth’s age, the potential length of incarceration, and the nature of the charges for which the child was convicted.

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- (i) If it is determined that foster care services are no longer appropriate for this child, petitions the Family Court for a Permanency Planning hearing to advise the court that the child is in the custody of the Department of Corrections, that it has been determined by the staffing that there is no permanent plan that the agency can offer, and ask to be relieved of custody.
 - (ii) If it is determined that the child may benefit from continued foster care services or if the judge refuses to relieve the agency of custody, follows the same procedures for ongoing services and service planning that is required for all foster children under Sections 818, 819 and 821.
 - d. If the child is not convicted, staffs the case with MTS, if needed, for placement options and continue providing foster care services.
6. Documents placement changes in CAPSS database.

821.01 Child is in a Correctional Facility

Revision Number: 04-06, Effective Date: 10/28/2004

The following procedures should be followed when a foster child is placed in a correctional facility, including Reception and Evaluation (Facility of S.C. Department of Juvenile Justice).

Foster Care/MTS worker

- 1. Follows the same procedures for ongoing services and service planning to child that is required for all foster children under Sections 818 and 819, including monthly face to face contact.
- 2. Continues to involve the child's family in service planning and visitation as required under Section 818 and 819 or per court order.
- 3. Maintains at least weekly contact with the facility staff if the child is in the S.C. Department of Juvenile Justice Reception & Evaluation Center or monthly contact if the child is in a detention facility to:
 - a. obtain current information regarding the child's progress in the facility, including projected discharge date, and
 - b. obtain relevant information needed to coordinate appropriate alternate placement arrangements upon discharge, including progress reports, psychological evaluations, medical exams.
- 4. Does not bill Targeted Case Management while the child is incarcerated.
- 5. Terminates board payments while the child is placed in a detention facility.
- 6. Notifies Social Security Administration of the child's placement and release date if the child receives either Social Security or SSI benefits.

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7. Documents the placement in CAPSS database.
8. Continues to work with parents, relatives, DJJ staff, and MTS staff if needed, to facilitate an appropriate plan and placement for the youth upon release.
 - a. If the child is special needs, utilizes procedures outlined in Section 815 for securing an appropriate placement.

**NOTE: DSS does not seek to be relieved of custody while the child is in DJJ custody.*

821.02 Service Coordination with the Department of Juvenile Justice
Revision Number: 04-06, Effective Date: 10/28/2004

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These procedures are to clarify situations in which a youth requires the services of the Department of Juvenile Justice (DJJ) and DSS when youth move from one agency to the other, and when youth and their families need the services of both agencies. Coordination of services will be facilitated through treatment teams consisting of workers and managers of the local/county DJJ and DSS/MTS offices and when deemed appropriate by either agency, staff from state DJJ and DSS/MTS offices. The teams will be developed through efforts of county/regional directors from both agencies, who are ultimately responsible for ensuring that the joint cases are staffed on a regular basis. When it is known prior to court that DJJ is recommending DSS involvement, DJJ should staff with DSS **prior to court**. DJJ should not recommend that a child be placed in the physical or legal custody of DSS without previously staffing the case. Activities set out here are subject to DJJ's agreement to the staffing process and to the roles of DSS and DJJ towards the family and child.

<u>Responsibility</u>	<u>Action</u>
DSS Contact Person joint with an	<ol style="list-style-type: none">1. If a youth is in foster care and is committed to a DJJ institution, a staffing will be held within 30 days of commitment in accordance established interagency protocol.2. For cases in which DSS has a child in foster care and DJJ is recommending the child in foster care be committed to a DJJ facility, coordinate a joint staffing between both agencies to:<ol style="list-style-type: none">a) Involve the parents, GAL and other concerned parties in the treatment planning process;b) Coordinate permanent plans with the family;

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- provide
involvement
that the
facility.
meetings) to
and
- c) Coordinate resources to serve the child and family;
- d) Share medical, psychological evaluations, court orders or any other relevant information necessary for DJJ to serve the youth.
3. For youth for whom DSS does not hold custody but continues to maintain an open case (Child Protective Services), DSS will coordinate quarterly staffings to obtain updates regarding the status of the child's placement and pending release.
4. If a youth placed in a DJJ facility has an open foster care case (and there are no siblings remaining in the home), DSS will
- background information within 30 days relating to the family's
- with the agency and make a recommendation as to the likelihood
- child can be reunited with the family upon release from the DJJ
- DJJ will coordinate quarterly staffings (multi-discipline team
- apprise the local DSS office of the status of the child's placement
- pending release.
5. For youth who remain in the custody of DSS and are placed in a DJJ facility, DSS will be responsible for:
- a) Maintaining monthly face-to-face contact with the youth;
- b) Maintaining monthly contact with DJJ facility staff to obtain a
- progress report on the child including: educational, behavioral,
- medical, social and psychological information;
- c) Involving DJJ staff in permanency planning for the child;
- d) Sending a written invitation to DJJ County Director/ DJJ Case Manager for scheduled Foster Care Review Board hearings (at least 3 weeks advance notice).
6. If a home evaluation/family assessment is needed or ordered by a
- court the
- following are recommended:

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- custody of DSS
- a) DSS will conduct home evaluations for youth in the
or if there is an open treatment case.
- Note: DJJ should be responsible for conducting home evaluations
if DSS has not had any recent involvement, or if DSS does not
have legal custody of youth.*
- between DSS
- b) Results of family home evaluations should be shared
and DJJ prior to submitting their findings to a court
7. If a foster child reaches age eighteen while in a DJJ facility, the
child's case will not automatically close
unless emancipation is stipulated in a court order. (This is to
ensure the child has access to independent living services if
needed.)
8. If DSS determines that the family's case is to be closed and a child
is in a DJJ facility, the local DJJ office should be contacted to schedule a
staffing.
9. Disputes regarding services should be resolved by the
county/regional directors of the respective agencies (when DSS
retains custody of youth). If resolution is not obtained, the
county/regional director may refer the matter to the Children's
Case Resolution System after receiving written approval from the
State Director of Social Services.
10. If a youth is residing in a DJJ facility and the custodian or parent is
non-compliant or not in agreement with the treatment or services,
an interagency planning staffing shall be held at least 30 days prior
to the youth's anticipated release date. DJJ shall be responsible for
scheduling and facilitating the staffing. The staffing should be
attended by representatives from every agency that might serve
youth upon his/her release. The product of the staffing shall be a
Service Delivery Plan which lists the services each agency will
deliver upon the youth's release, and the recommendations of the
agencies.
11. For situations in which DSS is not involved with a child at a DJJ facility, if the parents or caretakers
refuse to pick up or make arrangements for their child upon their release, the agency will conduct children's
protective services investigation.

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822 Case Transfer

Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures should be followed in determining whether or not a case should be transferred when a foster child's biological parent(s) moves to another county (receiving county). It is possible, and usually preferable, to keep a case in its county of origin, and to ask the new county of residence to provide assistance to parents in accessing services to fulfill goals of the treatment plan.

**NOTE: Do not transfer a case prior to staffing with receiving county and their acceptance of the proposed transfer.*

Foster Care worker

1. Discusses parental move and proposed transfer with Foster Care Supervisor, GAL, providers, and age appropriate children.
2. Makes decision to transfer the case only if the following criteria have been documented.
 - a. Family reunification with the relocating parent is the plan and the parent does not have a history of frequent moves between counties, or any other frequent moves.
 - b. Transferring the case is not inconsistent with the best interests of the child(ren).
 - c. The plan for transfer has been staffed with the receiving county and they are in agreement and able to assume case management within an agreed upon time frame.

FC worker/supervisor

3. Agrees to the case transfer when:

in Receiving county

- a. the child and his/her parent have a significant connection with the receiving county, e.g. the parent has moved to the receiving county and does not have a history of frequent moves between counties;
- b. there is substantial evidence available concerning the child's present or future care, protection, training and personal relationships in the receiving county, e.g. the plan is reunification with the parent residing in the receiving county.

Foster Care worker

4. Informs the GAL and FCRB of transfer, if receiving county accepts the case.
5. Schedules a Judicial Review (or a Permanency Planning hearing (if it is due) to obtain a court order transferring jurisdiction if receiving county accepts the case transfer.

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6. Meets with the child and the foster care provider to inform them of the transfer. When possible, includes the new foster care worker in the meeting if receiving county accepts the case transfer.
7. Gives written notice to the current foster care provider if the child will be moved from that placement. Case transfer doesn't mean the child has to change placements. Cross reference Section 845.
8. Ensures that all required case reviews, updates (updated treatment plans, case evaluations, etc.), and documentation are current and all required data updated in CAPSS. Enters the end date for the current worker assignment and the name and beginning date for the new worker assignment.

***Note: When transferring a case, the sending county must not close the foster care service line in CAPSS.**

9. In the event of a dispute regarding a transfer that cannot be resolved, resolution should first be attempted by the county director.

822.01 Managed Treatment Services

Revision Number: 05-01, Effective Date: 11/03/2005

This section provides guidelines regarding the roles and responsibilities of Managed Treatment Services (MTS) and County Foster Care staff as they work together to provide services to foster children in the agency's custody.

County worker

1. If case circumstances indicate a need for an emergency therapeutic placement at the time of removal or when an existing foster child disrupts, contacts Managed Treatment Services (MTS) for emergency placement and level of care authorization for up to thirty five (35) days, until MTS assessment is complete and an IST (Interagency Staffing Team) meeting is held. **NOTE: See Section 824 for securing non-emergency placements for special needs children.*
2. Obtains protocol assessment (from Mental Health), completes ISCEDC referral packet within five (5) days of emergency placement. Submits any additional information within two (2) weeks.

MTS

3. Assists the county worker with information and referral and may provide input into the child and family treatment plan ([Child and Family Service Assessment Plan, DSS Form 30231](#)) during the assessment phase.
4. Completes an assessment within thirty (30) days of receipt of the referral.

County worker

5. If a client is deemed ineligible for ISCEDC based on the protocol assessment, secures alternate placement within five (5) days. ISCEDEC funding may continue during this approved five (5) day period.

MTS and County staff

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6. Conduct a staffing to determine if/when the case will be transferred to MTS if ISCEDC eligibility has been determined and finalized at the IST (Interagency Staffing Team) meeting.

MTS

7. If client is determined ISCEDC eligible, assumes primary case - management.
 - a. if an MTS case slot is available (MTS workers generally have 10 cases due to the intensive and specialized nature of their cases);
 - b. within 35 days of a removal;

*NOTE: The county remains the primary case manager for the first thirty five (35) days to allow for completion of the removal hearing. If the completion extends beyond 35 days, MTS may assume primary case management. The county worker is responsible for appearing for the 35 day hearing.

County Worker

- c. of an MTS client and her own child only if the child is in the same placement (if slots are available).
8. If client is determined ISCEDC eligible, maintains primary case management:
 - a. until an MTS slot is available; keeping MTS informed of any service or placement changes so that provider contracts can be implemented (must consult with MTS before changing approved level of care); the child will be accepted when a slot is available, while continuing ISCEDC funding during the interim;
 - b. for a removal, for the first thirty five (35) days to allow for completion of the 35 day (or Removal) hearing (If the hearing extends past 35 days, MTS may assume primary case management while the county worker continues to have responsibility for the hearing);
 - c. of any siblings who are in regular foster care and the family;
 - d. of the child of an MTS client, if the child is not in the same placement.

MTS and County staff

9. Coordinate the transfer of the case if accepted for transfer to MTS at County Worker the staffing.

County Worker

- a. Ensures that all initial eligibility procedures (e.g. Medicaid application, IV-E application and IV-AEA eligibility, child support referrals, CAPSS data entry, etc.) have been completed prior to transfer.

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- b. Prepares for Permanency Planning hearings and/or FCRB hearings that are due within sixty (60) days of the transfer. (Both workers will attend.)

MTS/County Supervisors

- c. Staff case for transfer of the case record. (Checklists with supervisory sign-off, should be developed to ensure that the records are up to date before transfer.)

County worker

- d. Gives the entire case file (all volumes) to MTS if there are not siblings in regular foster care. (MTS is assuming complete case management.) If siblings are in care, copies of the pertinent information concerning the MTS client and places it in a separate file for transfer to MTS.

MTS

- e. Begins their own volume, in accordance with MTS file organization guidelines. (The DSS file will remain intact while housed at MTS.)

MTS/County staff

- 10. Initiates the case resolution process if there is an internal dispute regarding transfer. (The client will remain in placement with ISCEDC funding.)

MTS

- a. Completes an assessment and reports results in a re-staffing within thirty (30) days.

County Director/MTS Program Director

- b. If no agreement on eligibility can be reached at the staffing, Designee and review the case and offer a decision within ten (10) days.

MTS Reg. Director/HS Program Staff

- c. If County Director and MTS Program Director are unable to resolve the case, review and make a decision within ten (10) days. (Cases are expected to be resolved at this level.)

State level- Division Directors

- d. In the rare event that a resolution is still not reached, review the case with a final decision rendered within ten (10) days.

**NOTE: the entire case resolution process should take no more than thirty (30) days.*

MTS and County staff

- 11. Ensures communication channels exist for assistance and coordination of services after hours.

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County on-call

- a. Will be available for consultation to MTS staff regarding worker accessing after hours services, shelter care, law enforcement, transportation, etc., as needed.

MTS

- b. Will be on-call for current MTS clients.
- c. Will provide a beeper number to the county staff for after hours and weekend emergencies.

MTS and County worker

- 12. Ensures that visitation schedules are maintained.

FC worker

- a. Coordinates visitation plans if an MTS child has siblings in regular foster care.

MTS

- b. Arranges transportation for the MTS eligible child to visitation coordinated by FC worker, if the child has sibling in regular foster care.
- c. Coordinates all aspects of visitation if no siblings are in regular foster care.

County staff

- 13. Will be responsible for any income received on behalf of a child in care, submitting monthly account reports to MTS.

MTS

- a. Will access child's funds, if available, by submitting an invoice to the county office bookkeeper.

- 14. Responsible for maintaining and updating the child's Lifebook.

MTS and County staff

- 15. Ensures compliance with FCRB requirements (See Sections 842, and 842.2)

FC Supervisor

- a. Sets schedule/agenda for FCRB 30-40 days before due sending notice to MTS supervisor within three (3) days.

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FC Worker

- b. If there are siblings in regular foster care, prepares the FCRB packet for the family and children in regular care. Sends invitations to the appropriate person for their perspective children. Consults with MTS to ensure consensus regarding recommendations submitted. Attends review.

MTS

- c. If there are siblings in regular foster care, prepares the FCRB forms on the MTS child(ren). Sends invitations to the appropriate persons for the child.
- d. Prepares entire FCRB packet if there are no siblings in regular in regular foster care.
- e. Attends all FCRB meetings on MTS ISCEDC children.

MTS and County Staff

16. Ensures compliance with scheduling and paperwork requirements for court activity. (See Section 843.)

County worker

- a. Assumes lead for coordinating judicial reviews or PPH (permanency planning hearings) on shared cases, preparing the necessary paperwork. Consults with MTS staff to review recommendations to ensure continuity of permanent plans and/or the agency's position relative to each child, with any differences resolved prior to the court hearing.

MTS

17.

- b. On shared cases, provides reports required for court hearings. Participates in any legal staffing prior to the hearing.
- c. For cases that are not shared, requests legal assistance from the county attorney ninety (90) days in advance of the due date for a PPH. (Procedures for accessing attorneys should be made on a county by county basis.)
- d. Prepares required paperwork for PPH's on cases in which there are no siblings in foster care. Participates in any legal staffing prior to court.

MTS and/or County worker

- e. Attend court hearing.

MTS

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18. Files pick-up orders with the police or DJJ (Department of Juvenile Justice) for any MTS client who runs away from placement.

19. Schedules TSP team meeting:

- a. To determine if/when client is ready to step down to non-therapeutic placement, return home, or be emancipated, using clinical recommendations when needed;
- b. When a child has been on runaway for over thirty (30) days and a change in case management is to be considered ;
- c. When the child's ISCEDC eligibility ends and additional services are court ordered.

**NOTE: Responsibility for a primary case management within DSS when a client has been committed long term to a DJJ facility will be decided on a case by case basis.*

- d. Invites county FC supervisors to (and other agency program supervisors Adult Services, FI, etc.) to any TSP in which step-down, return home, emancipation, runaway status, or ineligibility for ISCEDC is being considered, to assist with transition planning.
- e. Final authority/approval for a client's step-down remains with the voting members of the ISCEDC team.
- f. Final authority/approval for return home or emancipation of a child under age 18 rests with the court. (See #16 for required court procedures.)

**NOTE: Disagreements regarding termination of MTS will follow the same case resolution procedures identified in #3.*

FC/MTS

- g. At the team's discretion, approves retention of case worker management of a runaway for an additional sixty (60) days.
- h. Within ninety (90) days (in 30 day increments) from the date of worker the ISCEDC meeting locates an alternative step down placement and moves the child.
- i. If necessary and appropriate, provides WRAP services for children who step-down to regular foster care or who are returned home, to assist in a successful transition.
- j. Prepares for Judicial Reviews and/or PPH's that are due within sixty (60) days of the transfer.
- k. Provides an additional copy of the most current TSP and court order from the closed MTS file for the county to use to begin a new volume, if services are to continue. (The MTS file will remain intact while housed in the county office.)

FC/MTS Supervisors

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1. Staff case for transfer of case file, ensuring all requirements have been met prior to transfer.

FC/MTS Worker

20. Maintains information in the CAPSS system in accordance with policy and procedure and CAPSS User's Guide.

**NOTE: Regardless of whether the case is being transferred from the County to MTS or MTS to the County, if the child is still in the legal custody of DSS, the Foster Care Services line always remains open. It should never be closed unless the agency is relieved of custody.*

**NOTE: Closed files, both MTS and DSS, will be returned to the county DSS office for compliance with the DSS record retention policy.*

823 Changes in Visitation Plan

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines the procedures to be followed in making changes in the existing visitation plan, if the plan is **not** court ordered. It is vital to obtain input from the parents, child and current child care provider to ensure that visitation is in the best interests of the children.

**Note: If the plan is court ordered, it can only be changed by a new court order .*

FC/MTS Worker

1. Notifies all parties as soon as possible of any change circumstances which affect the visitation plan.
2. Modifies the current visitation plan ([Child and Family Service Assessment Plan, DSS Form 30231](#)) if the change in circumstances will be long term or permanent as agreed upon by all involved parties. Also indicate location(s) and type of acceptable activities both child and parent can engage in to facilitate a quality visit.
3. Documents in the CAPSS Dictation the nature of the visitation change and the reason for the change.
4. Amends visitation portion of the Treatment Plan ([Child and Family Service Assessment Plan, DSS Form 30231](#)), and notifies all parties in writing of the new visitation plan.
5. As treatment progresses and child's return home approaches:
 - a. Arranges increased and extended visits provided the court order does not prohibit such.
 - b. Documents the results of the increased and extended visitation in the record and in the written visitation plan.

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824 Case Evaluation

Revision Number: 05-01, Effective Date: 11/03/2005

This section identifies procedures for case evaluation, which is an on-going assessment and an internal administrative review of the outcome of case activity, including the status of implementing the permanent plan for the child.

Foster Care/MTS worker

1. Schedules a planning conference for the purpose of the completing a case evaluation for all children in foster care to document progress in meeting placement plan objectives and progress in achieving the child's permanent plan. A case evaluation should be conducted:
 - a. when there is a change in circumstances (e.g. objectives met or need revising).
 - b. at least every six months.
 - c. at time of judicial review or permanency planning hearing.
 - d. at case transfer.
 - e. at decision points in the case (considering unsupervised visitation or returning a child home).
2. Coordinates a family meeting by involving the child (if age appropriate), the parents, the GAL, and any agency personnel or other individual who provides services or support, including the foster parents. Foster parents and other family members may attend the planning conference if the parents consent to their presence.

Note: if the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting.

3. Reviews progress on treatment plan objectives and updates parents' objectives on the treatment plan ([Child and Family Assessment Service Plan, DSS Form 30231](#)) if the parents are in agreement. Court sanction is to be obtained for any changes in parents' objectives and permanent plan changes.
4. Completes the Case Evaluation form in the Family Assessment Service Plan (DSS Form 30231), documenting the information obtained during the planning conference.

Foster Care Supervisor

5. Reviews and signs the case evaluation.

Regular or Specialized Foster Care Worker

6. Obtains signatures of parent and child on DSS-30133, and provides each with a copy of the form. Files a copy in the case record.
7. Documents all activity in CAPSS.

825 Permanency Planning

Revision Number: 07-05, Effective Date: 01/12/2007

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Permanency planning is the process of achieving at the earliest time the placement of the child in foster care into a safe, permanent home that promotes the child's well being.

The **options for permanent plans** in order of priority are:

1. **reunification** with parent (Refer to Section 825.01)
2. **adoption** by a relative, foster parent, or other individual (Refer to Section 826).
3. **guardianship or custody** in a permanent self sustaining placement with a relative or non- relative. Guardian or custody includes the transfer of specified rights from the parent, to the individual given guardianship or custody. (Refer to Section 830)
4. **placement with a relative** who is a licensed foster parent and committed to caring for the child on a long-term basis.
5. **another planned permanent living** arrangement with a specified adult who is committed to providing a long time nurturing relationship (into the child's adulthood). (Refer to Section 831)
 - a. placement is with a specified individual who is a licensed foster parent; or
 - b. placement is not with the specified individual who is committed to a significant long term relationship with the child. The child is placed in the least restrictive, most family like setting that meets the child's needs.

The initial permanency plan is reunification **unless** DSS obtains a court order that relieves the agency of:

- a. making reasonable efforts to maintain the child in the home; or
- b. making reasonable efforts to reunify the child and family.

(SC Code of Laws, 20-7-763).

In order to expedite implementation of the permanent plan, a primary and a concurrent permanent plan are selected for each child entering foster care. Within 6 months of the child's entry into foster care, if it is determined it is unlikely the primary plan will be implemented within 12 months of the child entering foster care, then work to implement the **concurrent** plan is *initiated concurrently with the primary plan*. The concurrent plan can then be implemented swiftly if the primary plan cannot be implemented within required timeframes. [An initial concurrent planning staffing is to occur within 60 days of the child's entry into foster care \(Refer to Section 810.015 - Concurrent Planning\).](#)

The permanency plan options are listed in order of preference. A permanency option must be found not acceptable and ruled out before selecting the next option. For example, reunification must always be ruled out before selecting adoption with a relative or non-relative. Adoption by relative or non-relative must be ruled out before selecting guardianship / custody with a relative or non- relative. For adoption to be ruled out, the court must find that termination of parental rights is not in the child's best interest.

If the permanent plan for the child is placement with a relative or other planned living arrangement (child is not exiting foster care), there must a finding by the Family Court at the permanency hearing that there are **compelling reasons** for the plan not to be reunification, adoption or guardianship/ custody.

A **permanency planning hearing** must be held within 12 months of a child entering foster care and every 12 months thereafter. At each permanency planning hearing the Family Court must determine whether the agency has made **reasonable efforts to finalize the permanent plan, and consideration was given to in-state and out-of-state placement options**. [If a child is already in an out-of-state placement, the hearing must determine if the](#)

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placement continues to be appropriate and in the child's best interests. (Refer to Safe and Timely Interstate Placement of Foster Children Act of 2006, Public Law 109-239 for additional information).

*Note: if reunification is not achieved within 12 months of a child entering foster care, state and federal statutes allow parents an additional 6 months to complete the treatment plan for the child to be returned home, if reunification is in the child's best interests and it is likely that the treatment plan can be completed within 6 months (of the last court order).

If a child is **in foster care 15 or the most recent 22 months**, then federal and state statute requires, the Department to proceed with termination of parental rights unless the circumstances warrant an exception.

The Foster Care Review Board (FCRB) reviews the status of a child's permanency every 6 months. The initial FCRB is held with 4 – 6 months of a child's entry into foster care.

For documentation of permanent plans in CAPSS refer to the following definitions and codes:

Note: CAPSS codes listed are those currently available in the data base.

Permanent Plan	CAPSS Code	Definition
Reunification	Return home	Reunification with parent
Adoption	Adoption by relative	Identified adoption placement is with a relative
Adoption	Adoption by Foster Parent	Identified adoption placement is child's foster parent
Adoption	Adoption by Other	Identified adoption resource is not the child's relative or foster parent; or no resource identified.
Guardianship or Custody	Guardianship / custody	Guardianship / custody; placement with a relative or non – relative
Placement With a Fit and Willing Relative	Placement With a Fit and Willing Relative	Placement in licensed foster home of relative committed to long term relationship
Another Planned Permanent Living Arrangement (APPLA)	Permanent Long term Foster Care	Placement in licensed foster home of non-relative committed to long term relationship
Another Planned Permanent Living Arrangement (APPLA)	Independent Living	Placement setting other than with individual committed to longterm relationship

825.01

Decision to Return a Child Home

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines procedures to follow in making a decision to terminate foster care and return a child home.

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Foster Care/MTS worker

1. Reviews and reassess for safety by updating the [Child and Family Assessment Service Plan, \(DSS Form 30231\). Complete sections of the plan for Child Safety Assessment, Assessing Protective Capacity of Adults, and the Strengths and Risk Assessment.](#)
2. [Reviews case with supervisor and child's Guardian Ad Litem for their input in the decision to return the child home.](#)

Designated Staff

3. Facilitates a Team Decision Making meeting or Total Service Planning team to consider the proposed plan. Foster parents may participate with the parents consent.
 - a. Presents information from the reassessment of safety in the Child Safety Assessment, Assessing the Protective Capacity of Adults, and the Strength and Risk Assessment (DSS Form 30231)
 - b. Presents progress/success on treatment plan with parent(s) and with the child.
 - c. Presents a review of services offered and the utility of services in reducing or eliminating targeted problem.
 - d. Arranges for professional service providers to attend the meeting, if appropriate or presents any recommendation from other professionals working with the family.
 - e. Presents any recommendations from the Guardian Ad Litem and/or from the Foster Care Review Board.
 - f. Documents the outcome of any staffings in CAPSS - "Dictation" screen.
4. Determines, based on information presented:
 - a. Whether or not behaviors and/or conditions which necessitate placement have changed, been eliminated, or reduced to the extent that returning the child home will result in no risk or minimal risk to his/her safety, and child can be maintained safely in the home.
 - b. Whether or not to recommend returning the child home.
 - c. [The development of a plan with the parents to address how the parents will resolve threats to the children's safety after the children are returned home.](#)
 - d. What post placement services, if any, should be offered to the family when the child is returned home.
 - d. The time frame for providing post placement services and for return of custody to the parent(s)/guardian.
 - e. The plan for preparing the child, family, and foster care provider for termination of the placement.
5. Initiates the child's actual return home only when:

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- a. The team decision making process or Total Service Planning team (MTS) recommends the plan; and
 - b. A court hearing is held to consider the agency's recommendation and the court **approves or orders** the return; and
 - c. **A copy of a signed court order authorizing return of the child is received by the agency.**
6. Initiates the child's return home when the child is placed through a voluntary placement agreement and no risk to the child exists:
- a. Upon expiration of agreement/extension; and
 - b. **If parent requests return of the child at any time during the duration of the voluntary placement agreement; and**
 - c. Team Decision Making meeting concurs with the child returning home.
7. **If a child is to be returned home, then the parent should be awarded legal custody. Should a court approve a child going home but with DSS to continue to have legal custody for some period of time then:**

Designated Staff

- a. Facilitate a Team Decision Making meeting or Total Service Planning team to review the post-placement plan/situation within ninety (90) days of the child's return home to decide if the court should be petitioned to return custody to the parent(s) or guardian.

Foster Care/MTS worker

- b. Submits a request for a Judicial Review hearing or follows prior court order for further disposition of the case.

825.02 Preparation of the Child for Returning Home
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to follow in preparing the child(ren) for return home.

Foster Care/MTS worker

1. Solicits information and assistance from the foster care care provider, therapist, Guardian Ad Litem, and other involved parties.
2. Gives the child(ren) and the foster care provider as much advance notice as possible of time the child(ren) will be returning home. For purposes of adequately preparing the child for their return home, the foster care provider should receive written notice of the discharge arrangements at least ten (10) days in advance.

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**Note: See Section 845.*

3. Discusses with the child(ren) their positive and negative feelings about returning home and helps the child(ren) process these feelings.
4. Provides information and guidance to the foster care provider to help the provider understand any changes in the child(ren) 's behavior.
5. Arranges for parent/child(ren) visitation to be increased in both frequency and duration, when possible, prior to the child's return home on a full time basis.
6. Seeks information from the child, the biological parents, and the foster care provider about the visitation and any problem/concerns which may need to be addressed prior to or after the child returns home.
7. Follows Termination of Placement procedures and Post Placement Supportive Services in Sections 825.3 and 845.

825.03 Post Placement Support Services

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines procedures for providing post placement supportive services for the child who is returned home, but remains in the legal custody of the agency or if legal custody is awarded to parents but the agency ordered to provide services for an additional period of time under the supervision of the agency.

Foster Care/MTS worker

1. Maintains at a minimum, monthly face-to-face contacts with the child **continuously** assessing safety and risk. Increases contact if case circumstances indicate.
2. Completes an updated safety assessment contained in the [Child and Family Assessment Service Plan, \(DSS Form 30231\)](#) to recommend a transfer of custody and/or closure of the case.
3. If needed, presents case for team decision making process and follows recommendations.
4. Reviews court order to determine whether further court involvement will be needed to terminate services.
5. Schedules Permanency Planning Hearing (if needed) for court approval of transfer of custody, or case closure, unless these issues were previously addressed in the order.
6. Documents results of legal steps in CAPSS-“Legal” screen.
7. Provides support services to minimize adjustment problems.
 - a. Assures that services provided and the time frame and frequency for services are in accordance with any team decision making recommendations and formal agreements with the family made as part of the overall treatment plan.

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- b. Explains to the family how to access services and assistance from DSS and other sources.
- 8. If the court orders return of legal custody to the parent with continuing supervision or treatment, close foster care service lines and open the appropriate service line per CAPSS and CPS program guidelines.

Note: Refer to 846.1 for more information.

- 9. Document legal actions in CAPSS - "Legal" screen and placement changes in CAPSS - "Placement" screen.

826 Permanency Plan for Child in Foster Care: Adoption
Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines procedures to be followed when a plan other than return home (to child's family) needs to be made for a child (special needs or non-special needs) in foster care. (Also see Section 829 on Voluntary Relinquishment).

Foster Care/MTS worker

- 1. Reviews progress of parents for reunification at the [initial concurrent planning staffing \(see Section 810.015\) and updates the Child and Family Assessment Service Plan, \(DSS Form 30231\) before considering Adoption as the permanent plan.](#)
 - a. **No later than six months** of the child entering foster care, considers permanent plan options other than returning child home if no progress is being made according to priorities listed in the treatment plan. Concurrent Planning through team decision making processes to assess alternate permanent plans can occur at any time during the case. Cross reference Section 818.01.

Foster Care/MTS supervisor

- 2. Conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and timeframes as needed. The checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

Foster Care/MTS worker

- 3. Confers with Foster Care Supervisor or Placement Committee or TSP team on case status.
- 4. Confers with Guardian Ad Litem and other professionals involved in service delivery. Staffs case with adoptions regarding the appropriateness of adoption as the case plan and staff the case with the county attorney regarding grounds for termination of parental rights.

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****Note: a referral to adoptions can and should be made prior to any termination of parental rights action or any decision about adoption in order that concurrent decision-making and concurrent service delivery may be provided.***

5. Informs parent(s) if adoption is being recommended. Court approval is not needed to change the plan to adoption. (For children abandoned at hospitals, refer to Section 812.01). Assists attorney with TPR summary for complaint to be filed.

**Note: Reference Section 843, Annual Permanency Planning Hearing and SC Code of Laws, Section 20-7-764 and Section 20-7-766.*

- (a) Apprises the foster parent of the plan to change the permanent plan.

**Note: Reference Section 819.2, Monthly Contacts with Foster Children and Providers.*

6. Retains case management of the foster child's case and works concurrently with adoption staff through the Termination of Parental Rights hearing.

**NOTE: Case Management is to remain with Foster Care if the TPR is appealed.*

7. If Adoption becomes the plan for the child:

- a. Submits any requested documentation for TPR to the designated county attorney.

**Note: Refer to 826.01, if attorney requests TPR summary format.*

- b. Documents any legal actions in the agency's computerized data base (CAPSS).
 - c. Informs the child's foster family/foster care provider when TPR and Adoption has been approved for the child;
 - d. Sends a letter to the foster parent that adoption is the permanent plan and informs them that:
 - (i) if the foster parent is interested in being considered as an adoption resource and they do not have an approved home-study, the family should contact the designated adoption office for information about the adoption process and to obtain an adoption application.
 - (ii) if the required information is not submitted within 90 days of the receipt of this letter, then should the department subsequently remove the child from the foster home, the child will not stay in the home while the appeal is pending (if the removal is appealed).
 - (iii) that should a decision be made to move the child, written notice will be given prior to the removal unless the Department determines that there are emergency circumstances warranting immediate removal.
 - (iv) Prior to removing any foster child from a foster parent desirous of adopting said child, consultation should be made with program staff.

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8. May transfer case management to adoption staff only after:
- a. receiving written verification from the attorney that the TPR appeal period has ended (30 days from proof of service) with no appeal filed, and the child is now legally free,
 - b. consulting with adoption staff regarding any needed documentation from the files, and
 - c. update Legal and TPR sections of CAPSS if not already entered.

Adoption Administrator

9. Accepts case management of a foster child' case after conditions in #7 above are met, assigns an adoption specialist to work for the child. Retains case management until the child has been placed adoptively and adoption has been finalized.

Adoption Specialist

10. Assures any foster care board payments are terminated by updating the Placement screen in CAPSS when adoptive placement agreements have been signed.
- a. Opens a separate adoption service line in CAPSS.
 - b. Coordinates with foster care staff to visit the child within thirty days of case assigned to Adoptions.

Foster Care/MTS worker

11. Attends Placement Committee meetings if asked to do so by Adoption staff.

Foster Care or Adoption Staff

12. If circumstances of the child's placement changes, or other events occur related to the child, provides this information immediately to other staff who are involved in permanent planning for the child. (Update placement changes in CAPSS).

Foster Care/MTS worker

13. Continues primary case management (during the recruiting process) and schedules quarterly staffings, in person or by phone, to assess the status of the case.

Adoption Staff

14. Sends written notification to the county office within ten working days of a firm identification of an adoptive resource as determined by an Adoption Placement Committee.

Foster Care/MTS worker or Adoption Staff

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- a. Upon receipt of written notification of identification of the resource, ensures foster parent is/has been given notice of the planned change in placement.

**Note: Reference Section 8451- Non- Emergency Removal of a Child.*

Adoption Staff

15. If an adoptive resource is not located within twelve months:

- a. jointly assesses case with other involved staff (and county attorney to determine if there is a need for a hearing or an amended order),
- b. if all parties concur, the adoption case is closed and an alternative long-term plan is developed (provided court sanction has been obtained if needed),
- c. documents actions in CAPSS Dictation, completes DSS Form 30133, Case evaluation and updates child's treatment plan as needed. (Cross reference Section 827).

16. Closes the Adoption Services Line in CAPSS within five working days of the staffing and/or court sanction recommending closure of adoption services.

17. If adoption should become appropriate at a later date, the adoption case may be reassessed.

Foster Care/MTS worker

18. If the child remains in foster care reassess potential for adoption annually; at a minimum discussing adoption as an option with the child and providers. Assessment can include a request for a staffing with Adoptions.

826.01 Termination of Parental Rights Process

Revision Number: 03-02, Effective Date: 09/02/2003

This procedure outlines the steps to be followed for initiating a termination of parental rights legal action provided the court has ordered this or the case has been staffed with the county attorney and grounds for TPR exist.

Foster Care/MTS worker

1. Submits any requested documentation for TPR to the designated county attorney within time frame to be determined by the attorney.

**Note: If there has been a permanency planning hearing and the department has been ordered to proceed with TPR, a complaint is to be filed within 60 days of receipt of the order. (Note: Refer to Section 20-7-766)*

- a. Consult with the attorney to confirm how any TPR information is to be transmitted.

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Note: If a TPR summary format is requested, see Section 826.2.

Adoption staff

2. If an adoptive home has not already been identified, adoption staff works concurrently with foster care staff to diligently seek an adoptive resource for the foster child. *Note: Cross reference Section 826.*

Foster Care/MTS worker

3. Completes a transmittal letter for the County Director's signature to be attached to any TPR materials submitted to the county's designated attorney (if materials are being mailed):
 - a. A copy of any TPR information is to be sent to the appropriate Area Adoption Office.
 - b. All information sent to attorney regarding the TPR should be stamped, or have written on it the term "Client-Attorney Confidential Information" (underlined and in capital letters on the top of the first page of the correspondence).

Foster Care/MTS worker

4. Attends and participates in TPR hearing.
5. In the event that a TPR is **not granted** the following may occur:

Family Court

- a. The family court, if it determines that an additional permanency planning hearing is not needed can:
 - i) Order child returned to parents if parents counter-claimed for custody and return would not cause unreasonable risk of harm to the child. Court may order specified period of supervision and services not to exceed 12 months; or
 - ii) Provide for an alternate permanency plan (as provided in 20-7-766(e)) if child is not returned to the parent;

Note: Refer to Section 843.

- b. If family court determines that an additional permanency hearing is required; schedule it to be held within 15 days of the date the order is filed. The court's order must be sufficient to continue jurisdiction without any need for filing or service of pleadings by the department; or

Foster Care/MTS worker

6. At the permanency planning hearing following the TPR hearing referenced above:
 - a. Presents revised disposition and permanent plan at the court hearing; and

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- b. If the court approves retention in foster care, then the revised plans must address conditions that necessitated the removal of the child from the home as well as conditions which necessitate retention in foster care.
7. Document all legal actions in the legal fields of CAPSS-(Legal and TPR buttons).

826.02 Checklist Guide For TPR Packets

Revision Number: 03-02, Effective Date: 09/02/2003

All summaries must be marked by Attorney/Client and Confidential; and signed by County Director or his/her designee. Do not disclose this document unless authorized by an attorney.

**Note- This document serves as a guide and is not required to be a part of the TPR packet unless requested by the county attorney*

I. Brief history of children's conditions of removal, placement and stay in foster care

II. Identifying Information

A. Child(ren)

- ___ Full name
- ___ Date(s) of birth(s)
- ___ County of placement
- ___ Birth certificate
- ___ Special needs, state what they are

B. Mother

- ___ Full name and aliases
- ___ Date of birth
- ___ Address or last known address
- ___ Social Security number(s)
- ___ Marriage license(s) or verification
- ___ Certified copy of death certificate if applicable
- ___ If receives SSI or SSA, name of payee

C. Father

- ___ Full name and aliases
- ___ Date of birth
- ___ Address or last known address
- ___ Social Security number(s)
- ___ Marriage license(s) or verification
- ___ Certified copy of death certificate if applicable
- ___ Relationship to child(ren)
 - ___ Legal father
 - ___ Biological father
- ___ If receives SSI or SSA, name of payee
- ___ Documentation of efforts to locate father
- ___ If father has child support enforcement case, provide attorney with payment history.

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III. Guardian Ad Litem

- ___ Name, address and telephone number of GAL for child
- ___ Name, address and telephone number of GAL for parent(s), if necessary. (If GAL has been appointed)

IV. Pleadings

- ___ Court orders in chronological order beginning with 72 hour hearing order, removal order and any other orders.

V. Case Work

- ___ Names and addresses of all social workers involved in case
- ___ Support record (When and how requested, including any documentation)
- ___ Summary of visitation
- ___ All case plans treatment plans filled in completely
- ___ Chronological list of referrals and services offered to the parent(s) by the agency
- ___ Copies of correspondence from referrals and services regarding parent(s) progress
- ___ Chronological list of parent(s) employment
- ___ Chronological list of parent(s) residence(s)
- ___ Copies of agency's correspondence to parent(s) arranged in chronological order
- ___ Copies of home studies on parent(s) home(s)

VI. Absent Parent(s)

- ___ List of efforts to locate parent(s)
- ___ Copies of correspondence to support efforts to locate
- ___ Address where parent(s) last cohabited

VII. Medical Records

A. Parent(s) (If relevant to grounds for TPR)

- ___ 1. Evaluations - not more than six months old
 - ___ a. Mental illness
 - ___ b. Mental retardation
 - ___ c. Drug addiction
- ___ 2. Dates of admission to and discharge from
 - ___ a. Mental hospital
 - ___ b. Drug or alcohol rehabilitation centers
- ___ 3. Names, addresses and telephone numbers of expert witnesses

VIII. Criminal Records on Parent(s)

- ___ 1. Dates, places and reasons for incarceration
- ___ 2. Verified release dates

IX. Miscellaneous

- ___ 1. Copies of all relinquishment(s) signed by parent(s)
- ___ 2. Copies of all denial(s) of paternity signed by the father(s)
- ___ 3. Copies of affidavit(s) identifying the father(s)

X. Permanency Planning for Child(ren)

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- ___ Adoption
- ___ Foster parent adoption
- ___ Relative adoption
- ___ Other

XI. Grounds - State in your own words, basis upon which TPR is sought.

826.03 Working with Parents During Termination of Parental Rights Action

Revision Number: 05-01, Effective Date: 11/03/2005

The following procedures list the activities that continue with or on behalf of the parents while TPR action is pending.

Foster Care/MTS worker

1. Resubmits the TPR summary (if returned by county attorney) with additional information, unless advised otherwise.
2. Contacts county attorney and area adoption staff if situation changes.
3. Continues working with the parent(s) according to the treatment plan ([Child and Family Service Assessment Plan, DSS form 30231](#)) unless the court has ordered otherwise.
4. Notifies county attorney if parents who were previously absent, not cooperating, or visiting contacts the case worker or any other DSS staff any time after pleadings are filed or served.
5. Documents all case actions in the following of CAPSS including Dictation, Legal and TPR screens.

826.04 Foster Parent Adoption

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedure when adoption is the agreed upon plan by the agency, and the foster parents have indicated an interest in adoption of the foster child in their home. (Refer the Chapter 4, Adoption and Birth Parent Services Policy and Procedure Manual, Sections 407 and 454.08, Foster Parent Adoption).

Foster Care/MTS worker

1. Informs the foster family that the plan for the child is TPR and Adoption. Foster families must receive notice of any court hearings specific to the child or case planning; especially if there is a change in placement and/or permanent plans.
2. Refers the foster parent(s) immediately to the DSS Area Adoption Office for discussion of the plan.
3. Contacts the Area Adoption Office within five working days of interest in adoption being identified by the foster parents.

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4. Retains case management of the foster child's case and works concurrently with adoption staff through the Termination of Parental Rights hearing.

**NOTE: Case Management is to remain with Foster Care if the TPR is appealed.*

5. May transfer case management to adoption staff only after:
 - a. receiving written verification from the attorney that the TPR appeal period has ended (30 days from proof of service) with no appeal filed, and the child is now legally free,
 - b. consulting with adoption staff regarding any needed documentation from the files, and
 - c. update Legal and TPR sections of CAPSS if not already entered.

Adoption Staff

6. Accepts case management of a foster child's case after conditions in #5 above are met. Retains case management until the child has been placed adoptively and adoption has been finalized.
 - a. Assures any foster care board payments are terminated by updating the Placement screen in CAPSS when adoptive placement agreements have been signed.

Adoption Staff

7. Closes Foster Care services line and Adoption services after the adoption finalization hearing.

827 Disruption of a Non-Finalized Adoption
Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines the procedures to be followed when adoption placement disrupts and the adoption has not been legally finalized.

Foster Care/MTS Worker/Adoption Specialist

1. Notifies any other involved department staff when it appears the placement is disrupting.
2. Schedules a disruption staffing with any other needed department staff and/or other involved parties to agree on respective roles and responsibilities and to make a decision about future permanent plan and placement.
3. Determines stage of adoption process and consults with attorney as to whether further legal actions are needed. Participates in any needed court action.
4. Locates an alternative placement, facilitates the placement with the assistance of any other needed staff, and updates "Placement" screen in CAPSS.

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5. Retains case management and planning responsibility until a post disruption staffing is held and it is determined if adoption or another plan will be implemented.
 - a. [Completes a case evaluation \(found in the Child and Family Assessment Service Plan, DSS Form 30231\)](#) and updates the child's treatment plan as needed. Documents any legal actions in Legal folder and other case actions in Dictation.
 - b. Closes Adoption services line in CAPSS if adoption is no longer the plan.

828 Adoption No Longer the Plan

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines the procedures to be followed when adoption no longer appears to be the appropriate case plan.

**Note: Cross reference Section 826 for more information.*

Foster Care/MTS Worker/Adoption Specialist

1. Schedules a joint staffing with other involved parties to make a joint decision regarding an alternate plan for a child when the child's best interests require a plan other than adoption.
2. Documents changes in circumstances and staffing results in CAPSS Dictation.
3. Documents that all involved parties, including provider, are aware of the changing permanent plan.
4. [Completes a case evaluation and updates the permanent plan on Child's Treatment Plan, \(located in Child and Family Assessment Service Plan, DSS Form 30231\).](#)
5. Staffs case with adoption administrator and attorney to determine if there is a need for a hearing or amended permanency planning order.
6. Participate in any required hearings if needed.
7. Close any Adoption Services Lines in CAPSS within five working days of the staffing regarding an alternate plan.
8. If child remains in foster care, reassess potential for adoption annually, and complete annual permanency planning hearings. Annual assessments at a minimum should include discussion of adoption as an option with the child and provider. A request for staffing with Adoptions can be made if needed.

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829 Parents Request Voluntary Relinquishment

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures to be followed when parent(s) wants to voluntarily release their child(ren) for adoption. If a family has adopted a child from a private provider and/or international agency requests to relinquish a child, they should be referred to the Area Adoption office.

**Note: There are special circumstances applied when a parent abandons, or directs another person to abandon, their infant under the age of thirty (30) days. For more information on abandoned infants, reference Section 812.1 in this chapter.*

CPS or Foster Care/MTS worker

1. If the child is six months old or less:
 - a. Assesses whether other services may be more appropriate than relinquishment.
 - b. Refers parent(s) to the local DSS Area Adoption Office.
 - c. Informs Area Adoption Office of referral.
2. If the child is older than six months:
 - a. Assesses whether other services may be more appropriate than relinquishment;
 - b. Contacts the Area Adoption Administrator/Supervisor, if the parent(s) insist on relinquishment;
 - c. Jointly staffs the case with the Area Adoption Office to determine an appropriate course of action, with relinquishment as the last resort;
 - d. Consults with legal staff as needed.

** Note: In general, for children over 6 months, relinquishments are taken if it is in the best interest of the child. Every effort should be made to assist by providing supportive services in order to preserve the family.*

3. If a family has adopted a child from a private and/or international agency and requests to relinquish a child, they should be referred to the Area Adoption office.

830 Permanent Plan: Placement with Custody and/or Guardianship

Revision Number: 05-01, Effective Date: 11/03/2005

This section outlines the procedures to pursue placement with custody and/or guardianship as the permanent plan for the child.

"Guardianship of a child" means the duty and authority vested in a person by the family court to make certain decisions regarding a child, including:

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- (a) consenting to a marriage, enlistment in the armed forces, and medical and surgical treatment;
- (b) representing a child in legal actions and to make other decisions of substantial legal significance affecting a child; and
- (c) rights and responsibilities of legal custody when legal custody has not been vested by the court in another person, agency, or institution.

"Legal custody" means the right to the physical custody, care, and control of a child; the right to determine where the child shall live; the right and duty to provide protection, food, clothing, shelter, ordinary medical care, education, supervision, and discipline for a child and in an emergency to authorize surgery or other extraordinary care. The court may in its order place other rights and duties with the legal custodian. Unless otherwise provided by court order, the parent or guardian retains the right to make decisions of substantial legal significance affecting the child, including consent to a marriage, enlistment in the armed forces, and major non-emergency medical and surgical treatment, the obligation to provide financial support or other funds for the care of the child, and other residual rights or obligations as may be provided by order of the court. (SC Code of Laws, 20-7-490 (20-21))

Foster Care or MTS worker

1. Completes the Child and Family Assessment Service Plan, (DSS Form 30231) to document reunification and adoption have been ruled out as permanent plans.
2. Documents whether relatives or others are aware the agency will close case should custody be given to them; or should they adopt, that an adoption subsidy may be available. **If adoption is the plan review Section 826.**
3. Documents if relatives or other caregivers are willing to assume all legal and financial responsibilities connected with custody/guardianship and to handle parental contact as they may arise. Explains the option of foster home licensing, financial benefits and continued agency and court involvement.
 - a. Determines what powers and responsibilities will be transferred to the relative or other individual assuming custody or guardianship (for example the right to consent to non-emergency surgery

Note: Non-relatives are not eligible for TANF resources just by virtue of having custody of a specific child. Their whole family/economic situation would have to be assessed.

4. Completes home study on relative or other to determine suitability for placement (if relative or caregiver has not already been studied or licensed for placements). Cross reference Chapter 9, Sections 911, 912, and 913.
5. Upon a favorable home study, corresponds with county's designated attorney and Area Adoption office to their recommendation regarding the recommended plan.
 - a. Requests the court to indicate what conditions are necessary for the parents to regain full custody.
6. Documents all legal action in CAPSS Legal screen.

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830.01 Emergency Study of Unlicensed Relative or Other Placements

Revision Number: 07-05, Effective Date: 01/12/2007

When children in the legal custody of the agency are placed in an unlicensed relative or non-relative placement, certain provisions apply. Follow the procedures in Chapter 9, Section 911, 912, and 913 for guidelines on assessing for safety. As a general rule, children in the agency's custody should not routinely be placed in unlicensed placements. Placement decisions must consider in state and out-of-state placement resources

**Note: Placements made out-of-state must be comply with ICPC regulations, home studies through ICPC must be completed within 60 days; refer to Sections 841.01 to 841.01.*

831 Another Planned Permanent Living Arrangement

Revision Number: 05-01, Effective Date: 11/03/2005

The section outlines procedures to be followed when compelling reasons exist for the selection of a permanent plan other than reunification, adoption, or legal custody/guardianship to a relative or non-relative, *placement with a fit and willing relative* in a licensed foster care setting and an alternative plan is in the child's best interests. *The Adoption and Safe Families Act of 1997, PL 105-89 provides for the permanency plan of Another Planned Permanent Living Arrangement (APPLA) that is designed to be a stable safe living environment and to provide a set of relationships with lasting supportive relationship intended to last a lifetime.*

Foster Care/MTS Worker

1. *Completes the Child and Family Assessment Service Plan (DSS Form 30231) and reviews case evaluation to determine if the child cannot be returned home.*
2. Considers an alternate permanent plan when the court finds that:
 - a. reunification cannot be accomplished with the parents.
 - b. adoption is not possible/appropriate.
 - c. There are no relatives or non-relatives willing or appropriate for adoption, custody, *guardianship* of the child and no relative is willing to provide a home intended to last indefinitely in foster care;
3. Reviews alternate plan for placement in a Team Decision Making meeting (or Total Service Planning Team) and include parent and the GAL.
4. If a child will be remaining in a specified placement, discusses option with child and foster care provider and proceeds with the plan only if they both *agree, and there is evidence of a commitment to a long-term relationship.*
5. *Determine if the permanency goal of APPLA meets the following criteria:*
 - a *The permanent plan is permanent (intended to be enduring, lasting).*

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- b. The plan assures stability, predictability or continuity of a family and home for the child.
 - c. The living arrangement is with a specified adult (non-relative, relative) who is licensed and committed to providing a life nurturing relationship
6. If child/youth does not live in the placement setting with the individual committed to providing a long term relationship (i.e. child lives in group home, residential treatment facility, etc.), then, identifies an individual who is committed to maintaining an ongoing contact with the child to provide family-like connections (examples may include current and former caretakers, mentors, coaches, relatives, etc.).
- a. If the identified individual is not interested in any overnight visits with the foster child, then conduct the following background checks including: Central Registry, Sex Offender and SLED checks.
 - b. If the identified individual is interested in providing overnight visits with a foster child, be certain to review the following issues including:
 - reviewing the child's court orders to ensure there are no restrictions in place regarding overnight visitation.
 - ensuring that the child has no physical or medical conditions that would pose a risk to the child.
 - obtaining parental consent for overnight visitation.
 - reviewing the agency's policy on corporal punishment.
 - ensuring there is a contact number in the event of an emergency.
 - inquiring about being licensed as a foster parent.
 - completing a home visit using the checklist of safety factors as identified in Chapter 928.02.
7. When a child is receiving an accelerated board payment with APPLA as a permanent plan, explain to the provider (therapeutic foster parent, or group care provider) that any Difficulty of Care Board Rate (DCRB) is dependent upon child's ongoing exceptional needs.
8. Notifies biological parents) of the plan and determines with the parents) future contacts and responsibilities of the parent concerning the child.
9. Requests a permanency planning hearing for court approval of the plan.
- Note: The court order from the hearing should reflect that reasonable efforts were made to implement the permanent plan.
10. Develops a placement plan with the provider and child to meet the child's individualized needs, including objectives for independent living for a youth 13 to 21 years of age.
11. Continues annual reassessment of adoption as an option or any other placement plan that will provide a stronger intent for permanency, such as the transfer of custody or guardianship and the child exiting foster care.
12. Requests a permanency planning hearing for court approval of the plan.

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13. Documents all actions in CAPPS Legal, Placement and Dictation screens. [Indicates permanent plan in CAPSS according to the table in Section 825.](#)

831.01 Ongoing Supervision of Children Who Remain in Foster Care
Revision Number: 07-02, Effective Date: 01/10/2007

The following procedures are to be followed in supervising extended foster care placements.

**Note: Refer to Section 819 for information regarding the frequency of contacts for foster children and providers.*

Foster Care/MTS worker

Foster Care/MTS worker

1. Has face-to-face contacts or arranges contact through inter-county agreement:
 - a. Makes a face-to-face contact with child and foster care provider once every month to assess for safety for a child in a foster placement.
 - b. Increases frequency of contacts when the child's needs and other factors/ issues require more contact.
- c. Has at least monthly telephone contact if other than assigned worker makes face-to-face contact with youth.
2. Updates child's progress toward meeting objectives and tasks on the Child's Treatment Plan by completing the Child and Family Assessment Service Plan (DSS Form 30231) every six months. In addition, involves foster care provider and child in revising treatment plan.
 - a. Completes a case evaluation (DSS Form 30231);
 - b. Makes referrals as necessary;
 - c. Include independent living services for youth ages 13 to 21 year of age.
3. Coordinates ongoing visitation with parents, siblings, and relatives per placement plan or court order.
4. If the placement disrupts, follows procedures for placement change. (Section 845)
 - a. Confers with supervisor to develop an alternate permanent plan.
 - b. Develops an alternate plan for child's care and documents compelling reasons for the substitution of the plan.
 - c. Schedules an additional permanency planning hearing (if needed) to obtain sanction of the court of a change in the alternate plan (if such a change is needed).

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- d. Document all actions in CAPSS Legal and dictation screens.
5. Assess child's significant attachments including but not limited to family members or former foster parents for the purpose of possible permanent homes or continuing relationships. Follow-up as necessary to ensure the resource is a viable long-term placement option for the child (back ground checks, home-studies, etc.) adjust or change the concurrent permanency plan if necessary. (Refer to SC Code of Laws, 20-7-764).

832 Independent Living Services and Self Sufficiency Skills Introduction

Revision Number: 03-02, Effective Date: 09/02/2003

It is the intent of the department for its staff to provide independent living services to those foster care youth who are ages 13 and older. Partnering with providers, the department will assist youth to receive the education, training and services necessary to prepare for and enter post-secondary training and education, or to become employed. Youth must also make a commitment to recognize and accept their personal responsibility in becoming self sufficient, preparing for adulthood, and transitioning out of the foster care system (if they have not already left the foster care system to be reunited with family or relatives or into an adoptive placement or the guardianship of others).

Foster Care youth ages 13 through 18 years of age may have permanent plans of reunification, adoption, legal guardianship or placement with a fit and willing relative, or some other court approved plan based upon a compelling reason submitted by the agency. No matter the permanent plan, the department in partnership with youth's provider, is to assist the youth in acquiring certain services and skills related to independent living and self sufficiency. ****NOTE: Independent Living is not to be selected as a permanent plan for children under the age of 16.***

Basic case practice minimum requirement for coordinating IL services:

1. For all foster care youth ages 13 through 18, complete an annual life skills assessment (e.g. Ansell-Casey Life Skills Assessments found at www.caseylifeskills.org). If a youth does not have access to a computer, then provide a copy.
2. In addition, at least once during ages 16 to 21, have youth complete all the assessment instruments available through FI (Family Independence). These assessments provide the youth with some insight concerning their vocational preferences, aptitude and other related information that will aid them in determining a vocational interest.
3. When the youth is 16 or older, make referral to FI for short term participation in jobs club, training, etc.
4. Document any coordination of IL services or self sufficiency skills within placement plans and dictation.
5. Use monthly visits with teen to review IL skills progress within the foster home or group home setting.

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6. Document the transition planning and an exit interview for the youth's discharge from foster care-with emphasis on housing, medicaid coverage, education, and employment plans.
7. When the youth leaves care, he or she should have originals of their birth certificate, social security card, and medicaid card (foster care youth in care on their eighteenth birthday can automatically qualify for Medicaid coverage until age twenty one). Other documents that would be of benefit include: family pictures/ scrapbook, family genogram, copy of placements, Life Book, resource book on Medicaid and health providers, any identification cards and/or driver's license (if already obtained), library card, resource book on transportation services and public assistance offices, and any funds from personal accounts that are not already encumbered for agency expenses (and as appropriate for discharge plan). Youth with a planned outcome of independent living can now retain up to \$10,000.00 in a personal account managed by the agency and still be potentially eligible for IVE federal funding.

Note: Special discharge planning is necessary for those teens who have developmental, medical and/or psychiatric conditions which will significantly prevent them from living independently. Staffings with Family Independence, Adult Services, relatives and other agencies involved with the teen must be coordinated to develop an ongoing supportive network for the teen.

832.01 Independent Living Guide for Youth

Revision Number: 03-02, Effective Date: 09/02/2003

Below is a potential checklist or guide of services and skills that a youth age 13 or older should be receiving or learning depending on the individual's developmental abilities and personal need.

Those with an * are applicable primarily to youth ages 16 and older. Some issues may not be applicable.

Note: Staff must check funding availability with IL program staff prior to committing to any service.

I. Personal and Family History/Relationships

Provision of pictures that chronicle life history.

Assistance in understanding family tree with genogram.

Assistance in developing or continuing Life Book.

Assist teen with contact with family members, siblings, etc. (consider teen's best interests).

Assistance in realistic resolution of fantasy or negative emotions related to family.

Training/information about domestic violence, appropriate physical contact, and evaluating appropriate relationships.

II. Hygiene and Grooming Information and Training:

Training in personal care of self based on developmental level of youth.

Information about human sexuality and effects of puberty and other normal body functions.

Training in use of toiletries.

Training in laundering and care of clothing.

Information about hair care.

Assistance in shopping for own clothing.

III. Health care Information and Training:

Training in emergency first aid appropriate to age and developmental level.

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Information on use of medication and following prescriptions.
Information on use and dangers of tobacco, alcohol, and drugs.
(Referral to support groups like ALANON and ALATEEN or to counseling groups as needed.)
Information on sexually transmitted diseases, birth control information and family planning.
Information about routine dental care and how to access services.
Familiarization with health care systems, clinics, doctors, etc.
Information and training on yearly physicals and/or how to get medical attention when needed.
Information on health insurance coverage. (Medicaid can continue for youth if youth was still in foster care on 18th birthday.)
Information on biological parents health history and genetic counseling as needed.

IV. Household Maintenance and Housing:

Training in housekeeping skills.
Training on the use of household appliances.
Comparison shopping for household furnishings.
Information on securing household utilities.
Financial assistance with rent and utility deposits and payments (start-up money).
Supervised independent living arrangement prior to discharge, if appropriate.

V. Meal Preparation and Nutrition

Training youth to plan and prepare meals or menu based on their developmental level.
Information on nutritional value of food.
Training on comparison shopping and unit pricing in food purchasing.

VI. Money Management and Consumer Information:

Provision of allowance for budgeting training.
Training on budgeting and responsible money management.
Information about establishing checking and/or savings accounts.
Information on consumer protection laws.
Information on securing and managing credit.
Information on requirements for automobile purchase and use (license, insurance, taxes).
Information about securing driver's license or official identification card, if appropriate.

VII. Educational Support:

Assistance in securing library card.
Active and ongoing contact with schools to assure maximum benefit.
Tutoring for remediation and/or enrichment.
Maintenance of stable school placement.
Financial support necessary to facilitate participation in extra curricular activities.
Preparation for GED, if appropriate.
Information regarding two and four year colleges or technical colleges.
Assist with college applications, financial aid resource explanations/ applications and application fees.

VIII. Vocational Preparation:

Help youth identify and develop skills for age appropriate chores and jobs.
Exposure, perhaps through visits, to various work environments.
Vocational testing.

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Assistance in vocational planning.
Financial assistance to secure vocational training.
Job training and placement information.
Training on completion of job applications.
Training on job hunting and interviewing.
Training on maintaining employment and on-the-job conflict resolution.
Assistance in securing work permit.
Training on grooming and proper dress for work environment.

IX. Community resource Information and Utilization:

Referrals for community sponsor for one-to-one support (big Brother/Sister, Mentoring.
After school programs, Boys and Girls clubs, etc).
Support of foster adolescent support groups (peer counseling) as needed and available.
information on mental health support groups as needed and appropriate.
Information on parent training and child care services as needed and appropriate.
Recruitment of and placement in specialized foster homes to support development of self sufficiency skills,
if needed and appropriate.
Referral to community services, classes, support groups, etc. if needed and appropriate.
Training on use of public transportation.
Information on safety rules for bikes, personal scooters, etc..
Training courses available through the Red Cross.
Information on availability of services in the community; including churches/faith groups.
Information on application process for public financial aid, food stamps, Medicaid, SSI, Social Security
Survivors Benefits, public housing, etc.

X. Personal Counseling and Social Skills Development:

Counseling on interpersonal relationships.
Training in personal decision making and problem solving.
Training in stress management and time management.
Training on personal safety.

832.02 Checklist for Teens Exiting From Foster Care System

Revision Number: 03-02, Effective Date: 09/02/2003

Directions: N/A can be a response for issues, depending on circumstances. Explain N/A in documentation or on back.

- _____ **Was provided 45 days notice regarding termination of services or of a court hearing date to terminate custody.**
- _____ **A face-to-face exit interview and evaluation of services and progress conducted.**
- _____ **Was provided with a household shower (if going to college or moving out on their own).**
- _____ **Was provided with the following:**
- _____ **a community resource brochure or handbook**

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- _____ **informational brochure about foster care aftercare services**
- _____ **original birth certificate**
- _____ **original Medicaid card**
- _____ **original social security card**
- _____ **information about obtaining driver's license or other identification cards**
- _____ **copy of placements (or listing of past significant placements)**
- _____ **Life Book or other memorabilia from foster care**
- _____ **Family pictures/scrapbook (if available from family of origin)**
- _____ **Family genogram (and assistance with explanation/understanding)**
- _____ **funds from personal accounts not already encumbered for agency expenses**
- _____ **information about voter registration**
- _____ **information about contraception or family planning resources**
- _____ **information on Employment Security agencies**
- _____ **information about educational scholarships**
- _____ **for males age 18 and still in care; information about Selective Service registration**
- _____ **request for signed aftercare agreement regarding potential follow up by agency**

Other Community Referrals: _____

Signature of Teen

Date

Signature of Worker

Date

832.03 Independent Living - Alternative Permanent Plan
Revision Number: 03-02, Effective Date: 09/02/2003

Compelling reasons must be supplied to the court for it to approve an alternative permanent plan. If reunification, adoption, relative adoption or custody/guardianship have been ruled out as options for a foster youth age sixteen years and older, then the youth should be transitioned toward eventual independent living (and emancipation from the foster care system).

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Foster Care/MTS worker

1. Assess independent living skills the adolescent needs to acquire in order to make the transition into adulthood. Annually coordinate an independent living assessment.
 - a. In addition, prior to the youth's 18th birthday, have youth complete all the assessment instruments available through FI (Family Independence).
 - b. Consider repeating assessment (above) between ages 19 and 21 if youth still receives foster care services.

Foster Care/MTS worker and Supervisor

2. Updates the placement plan (or TSP) and case evaluation every 6 months, and with input from the youth.

Foster Care/MTS worker

3. Incorporates independent living services and self sufficiency skills training into the placement plan (or TPS) based on input from the biological family, the adolescent, the foster care provider, the foster care worker, other appropriate professionals (e.g., mental health counselor), and the results of the independent living assessment form.
 - a. Arranges for these documents to be signed by the adolescent and the provider after discussion.
4. If youth is age eighteen or older, the court no longer has jurisdiction, and the youth needs continued placement arrangements, he or she can sign a DSS-30136, Agreement for Continued Placement of Persons 18 to 21 years of age, provided:
 - a. The foster adolescent age 18 requests to remain in the agency's custody; the youth entered care prior to the youth's 18th birthday; the youth has no other alternative permanent plan option available and is not yet ready for emancipation; the youth is enrolled in a GED program, or is a full-time student in a post secondary educational setting or in vocational preparation training. **NOTE: See Section 832.4.*
5. During monthly visits with teen, document review of progress on IL skills within the foster home or group home setting.
6. Schedule annual permanency planning hearings (for the youth under age 18 years) or have the DSS-30136 signed annually (for the youth who is age 18 or older and needs continued placement).
7. When youth is 18 or older:
 - a. Decide in conjunction with the young adult if he or she is capable of living independently.
 - b. Assist in his/her transition from foster care to independent living and include specific aftercare services as needed. Cross reference 832.4, 832.5.

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- c. Provide a written 45 day notice to the youth and any placement provider regarding pending the termination of services and/or the scheduled court hearing to terminate custody. Have face-to-face meeting with youth.

8. Document all information in agency database.

Note: Special discharge planning is necessary for those teens who have developmental, medical and/or psychiatric conditions which will significantly prevent them from living independently. Staffings with Family Independence, Adult Services, relatives and other agencies involved with the teen must be coordinated to develop an ongoing supportive network for the teen.

832.04 Foster Teens Attending College

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the services available for foster care teens who are accepted into technical and/or two or four year college programs.

Foster Care/MTS worker

1. In addition to the ongoing services already provided to a youth in foster care, independent living services also include accessing information about ongoing education. Staff can accomplish this through coordination with FI (Family Independence) staff for educational assessments, as well as with the guidance office of the school in which the youth is enrolled.
2. Foster Care youth desirous of attending a college should be referred through school guidance staff for advice on:
 - a. Participation in ACT/SAT preparation classes or courses;
 - b. Whether to take the ACT or the SAT and when; and
- c. How to apply for multiple grants and scholarships - ***Note: There are now special state need-based grants that give priority to foster care youth. Contact the guidance counselor for the most up-to-date information. HOPE scholarships are available to students who graduate with a B average but don't have the test scores or class rank for other scholarships. Other resources for talented foster care youth who qualify include LIFE scholarships and Palmetto Fellowships.***
3. Assess the ongoing financial needs and living arrangements of the youth. In collaboration with state program staff, review all grants, scholarships, and loans that youth has been officially awarded. On a case by case basis, a determination will be made as to the availability and amount of IL funds, and whether or not a board payment can be accessed. Contact IL program staff for more information and submit IL request forms as needed.
4. If the foster care youth is not going to continue with a foster home as a home base, and will be leaving the foster care system, the foster care episode should be closed. Requests for IL services and funding can continue up to the youth's 21st birthday. The teen should have information about who to contact within the

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agency for future requests. Discuss keeping foster care episode open with IL program staff prior to closing in order to maintain eligibility for state based scholarship.

5. Monthly face-to-face contacts with teens 18 and older is not required, but monthly contact is recommended (while the case remains open) to assess for ongoing needs/progress.

832.05 Foster Care Aftercare Services and "P.A.T.T.Y." Program

Revision Number: 03-02, Effective Date: 09/02/2003

The department offers limited services (based on funding availability) to former foster care youth who return to the department prior to their 21st birthday and request assistance. **The P.A.T.T.Y. Program guidelines apply to those youth who remain outside of the foster care system.** "P.A.T.T.Y." stands for "Providing Assistance to Transitioning Youth." Case management guidelines are in Section 832.7. If the youth requests to return to foster care and the decision is made to allow him/her to be placed back in foster care, then refer back to previous information in Section 832 - 832.4. However, the eligibility to reenter foster care is restricted to those youth who left care less than one year prior to their request to reenter, any criminal offense history must be taken into consideration, and there must be a placement available. The following services can be offered to former foster care youth, ages 18-21, *who were considered emancipated (the agency was relieved of custody)*.* ***These services are subject to limitations and are not available to former foster children who were discharged into the custody of their families/relatives or adoptively placed:***

Life Skill training
Drivers Education courses
Adult Education
Limited Assistance with Transportation
Literacy or other Tutoring
Job Coaching/Searches
GED programs
Limited Assistance with Utilities or Shelter Costs
Job Skills Assessment
Emergency Food needs
Career Identification/Development
Work Clothes
Vocational training
Referrals to other community programs and resources (including faith community)

Individuals with dependent children can also apply for family independence funding , food stamps, assistance with child care, and Medicaid insurance coverage for the child(ren). Full participation in FI will count towards the lifetime maximum FI benefit.

The individual is eligible for Medicaid insurance coverage until 21st birthday and is potentially eligible for increased assistance with shelter costs or room and board if he or she was still in foster care on the 18th birthday.

Services and potential benefits are to be coordinated between resources available from Independent Living funds and Family Independence (TANF funding). Each county office should have staff designated to provide case management services for youth eligible for the PATTY program. The staff should have

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knowledge and/or experience in both foster care and family independence. If possible, the youth's former worker can provide case management. (See 832.6 and 832.7)

Youth on runaway status are considered to be in foster care. The agency encourages foster care youth to remain in agency custody until their 18th birthday. If a youth was emancipated by the court while on runaway status, and they were not known to be residing with family at the time of emancipation, then said youth is eligible for services.

Note: If it is suspected that a teen may never attain self-sufficiency skills; this case should be reviewed with Family Independence, Foster Care, former providers and Case Management Staff, Adult Services, and any other appropriate agencies in order to develop a current and future plan of assistance for the teen.

832.06 FC/ Aftercare Emergency Requests for Resources
Revision Number: 03-02, Effective Date: 09/02/2003

A combination of Family Independence funding (under proposal - youth must be under 200% poverty level), IL funding, Flex Funds, and other county funds should be the options available for assisting youth ages 18-21, who were previously in foster care and returned for further services. For county funds being expended in anticipation of reimbursement through IL funding, contact IL program staff for prior approval.

**Note- reimbursement may require four weeks in processing time). Counties should not restrict or refuse services to teens who were previously case managed by other counties or offices.*

Homelessness

- Hotel for several days while trying to help locate fulltime living arrangements. Counties should try to set this up as direct bill and/or use FI funds or county funds

Facing Eviction

- Use FI funds or county funds

Need Food

- Food pantries, voucher systems with local stores, follow up application for Food Stamps

Medical Problems

- Get Medicaid approved ASAP if not already and provided youth was in foster care on 18th birthday
- Medicaid staff can use FC category until further notice
- Emergency Rooms, Health Departments

Out of Medication

- Have local pharmacy bill agency (FI funds cannot be used for medications)
- If no refill, refer to medical provider with request to bill agency or Medicaid
- Assess Medicaid status

Lost Job

- Assess issues around job loss
- Consult with job coach or other FI involvement

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Released from Jail

- Consult with Probation and Parole and Alston Wilkes to determine ongoing involvement and resources through those entities
- Do not turn away automatically, but if youth is incarcerated and calling for assistance or for bail money, IL resources will not potentially be available until youth is released. Funding is not available for bail money.

Substance Abuse

- Consult with DAODAS entities to determine any involvement or make referrals
- If inpatient treatment is needed, DAODAS or Medicaid should be paying source

Domestic Violence

- Assist with placement in a specified shelter, any needed referrals to Legal Services to access family court for order of protection (or magistrate assistance on weekends), referrals to Domestic Violence projects.
- Assess ongoing needs for food, shelter, jobs, etc. and assist if possible

832.07 Aftercare Services (Case Management)

Revision Number: 03-02, Effective Date: 09/02/2003

Former Foster Care Youth

1. Makes request for services to DSS county office in which a youth ages 18-21 is residing (or returns to the previous county office that had case management). Former MTS teens are to make initial request through county offices.

County Designated Staff

2. Conducts an interactive interview to provide youth with PATTY Program information and application materials to complete and sign.
 - a. If the decision is made that youth is eligible to return to foster care, that this is in the best interest of the youth, and this is what the youth desires, then coordinate decision and placement with foster care staff.
3. Determines with youth any crisis needs that must be resolved and develops an initial service plan. Make any needed crisis referrals, begin coordinating services, and potential benefits through linking efforts with Family Independence and Independent Living funding sources. Access county funds as needed, pending reimbursement from Independent Living funds.
4. Initiate assessment of youth utilizing Family Independence assessment instruments and develop or update the Service Plan.
 - a. A primary objective during involvement with the youth is to help them develop a network of family, or other individuals as a future safety net.
 - b. The Service Plan can include having the youth be responsible for initiating some of the face-to-face contacts.

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5. Maintains contact with the youth per the following schedule:
 - a. Weekly during the first month of case management;
 - b. Every other week during the second month of case;
 - c. Monthly during third and fourth months of case.
6. During fifth and sixth months of case, has a monthly contact with the youth and close case only after a final a final fact-to-face contact to discuss progress and closure and ask for permission from youth for potential follow up via future surveys.
7. Service Plan is evaluated and updated monthly.

833 Services for the Pregnant Youth in Foster Care
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the steps to be followed to ensure the provision of services to a foster care youth who is pregnant. While every effort will be made to honor the wishes of the foster care youth who is pregnant, the needs and best interests of the infant will be of paramount concern.

Foster Care/MTS worker

1. Coordinate a referral to a physician or to the local health department to confirm the foster youth's pregnancy.
2. Refer, support, and assist foster care youth with obtaining prenatal services and related counseling on issues surrounding pregnancy.
3. In conjunction with #2 above, if parental rights have not been terminated, notify parents that their daughter is pregnant.
4. If the agency has reason to suspect a violation of law has occurred (i.e. incest), then law enforcement should be notified.
5. If the pregnant youth indicates a desire to seek an abortion, and if the youth is under age 17 and cannot obtain the requisite consent, refer to area adoption staff. The agency cannot consent to an abortion. As Medicaid is the primary insurer for foster children's health care, consult with Medicaid staff regarding any abortion procedure coverage.
6. If the pregnant youth indicates a desire to relinquish the child for adoption, involve area adoption staff.
7. Contact school officials as needed to determine how the specific school handles educational services for a pregnant youth.
8. Meet with pregnant youth to discuss the following issues:

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- a. preferences, placement options and plans for the care of the baby;
 - b. any array of resources available to the youth including parenting skills;
 - c. identification of, and the role and involvement of the biological father with the baby and mother;
 - d. rights of the alleged father to be informed by the agency about the pregnancy and challenge paternity;
and
 - e. pregnant youth's educational needs and future employment goals.
9. While the agency will make reasonable efforts to support a pregnant youth in a plan of caring for her baby while still in foster care, the agency has the responsibility to assess and determine if there are risk or safety issues that would prohibit such a plan. Factors to be assessed include:
- a. current placement circumstances of the youth;
 - b. education level, past mental health and behavior history, functioning level, and current needs of youth;
 - c. the length of time it may take for the youth to live live independently or in a permanent supportive environment; and
 - d. other alternative placement options with maternal or paternal relatives.
10. Agency staff may coordinate a staffing with the pregnant youth, alleged father, relatives, GAL, current providers or others to assist in making the above assessment or determining future placement and permanent plans for youth and unborn child.
11. If the plan will be for the pregnant youth to keep her baby and be in foster care placement with the baby, documented efforts must be made to identify a placement for the foster care youth and her child. Placement options can include foster homes or group residential placements (assistance regarding placement resources may be obtained from the State Office Licensing or Foster Care staff).
- a. The agency can make a board payment for the baby to the placement provider even if the agency does not have legal custody of the infant, as long as the mother and child are placed together.
- *Note: a child support referral can be made on the father on behalf of the mother using DSS 2700-01. Child care assistance may be available through the FI program if foster parent is employed and the foster child is in school or is employed.*
- b. Should the placement disrupt and the baby can no longer be placed with the foster care youth, the agency must assess risk, safety, and permanency for the baby. Use of voluntary placement agreement or court petition for custody will be necessary (to continue to draw down federal financial assistance to fund the baby's ongoing placement in the foster care care system). The baby then becomes a foster child. Child support referrals are to be made.

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12. If placement resources are not available for foster care youth and her baby to stay together, then support services need to be available to help the youth assume a parental role (i.e. visitation, parenting services). Efforts to produce a united placement shall continue.
13. If the baby's father has been identified (or established through paternity tests or acknowledgement of paternity) and the father is seeking ongoing involvement with the baby, the agency should assist the young mother in any coordination of visitation.

833.01 Ongoing Services for the Teen Parent in Foster Care

Revision Number: 05-01, Effective Date: 11/03/2005

Foster Care/MTS worker

1. Treatment Plans ([Child and Family Service Assessment Plan, DSS Form 30231](#)) need to be individualized to meet the needs and/ or goals of the teen parent in foster care. The youth's input in the planning stages is an integral part of the process. In addition to their involvement, the plans should include:
 - a. various independent living strategies (budgeting, shopping, taxes, job hunting, leasing, etc.) to help prepare the parents towards self-sufficiency;
 - *Note: refer to Section 832*
 - b. parenting skills classes for the teen parent;
 - c. educational needs and/ or vocational goals;
 - d. input from the foster parents or others serving as part of the adolescent's resource network.
2. Resources available to help support the parents are vital to their well-being. While services may vary by area, some general resources that need to be considered:
 - a. county health departments offer a variety of services including prenatal checkups, children's health clinics, early and periodic screenings, diagnosis and treatment for children on Medicaid, immunizations, WIC (food supplement program), health education, screening for and treatment of sexually transmitted diseases, evaluation and treatment of children with physical handicaps or chronic illness.
 - b. potential agency services include services from Family Independence staff, Medicaid, transportation for medical appointments for Medicaid eligible clients, Child Support Enforcement, adoptions and general case management.
 - c. family members should also be considered as a potential resource to assist with adolescent care and transportation needs.
 - d. referring biological fathers to fatherhood initiative programs.
3. The agency is responsible for updating the court during annual permanency planning hearings for any change in the mother's permanent plans. Should the teen parent in foster care continue to retain custody of

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her baby, no court hearing is necessary for the baby, nor do time frames for permanency planning apply if the infant is not in the agency custody.

4. Information for the Foster Care Review Board needs to only address the teen parent in foster care if the baby is not in agency custody.
5. Medical consent involving treatment for the baby is as follows:
 - a. The biological mother has a right to consent to medical treatment even if the mother is a minor.
 - b. Court intervention may be necessary if the mother refuses to consent for medical services for illnesses or injuries that are considered life threatening to the infant/child or the infant/child could suffer permanent harm without the services. This is a drastic step and must be evaluated on a case-by-case basis. Consult with the county attorney.
6. Document all activity in CAPSS.

833.02 Child in Foster Care Planning Marriage

Revision Number: 03-02, Effective Date: 09/02/2003

If a child in foster care is contemplating marriage, **parental consent is required.**

In the situation of a foster child who wants to marry the father of her child, Section 20-1-300 of the SC statute relates to issuing marriage licenses in the situation in which the female is pregnant or has borne a child and reads:

“Notwithstanding the provisions of 20-1-250 and 20-1-290, a marriage license may be issued to an unmarried female and male under the age of eighteen years who could otherwise enter into a marital contract, if such female be pregnant or has borne a child under the following conditions:”

- (a) The fact of pregnancy or birth is established by the report or certificate of at least one dually licensed physician;
- (b) She and the putative father agree to marry;
- (c) Written consent to the marriage is given by one of the parents of the female, or by a person standing in loco parentis, such as her guardian or the person with whom she resides, or in the event of no such qualified person, with the consent of the superintendent of the department of social services of the county in which either party resides;
- (d) Without regard to the age of the female and male: and
- (e) Without any requirement for any further consent to the marriage of the male.

834 Child Runs Away or is Reported as Missing from Placement

Revision Number: 06-02, Effective Date: 05/19/2006

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This section outlines procedures to be followed when a foster child runs away or is reported as missing from his/her foster care placement.

Foster Care Provider

1. **Immediately** contacts law enforcement if foster child has run away or is otherwise missing. Provide as much information as possible including the child's possible whereabouts and information to help identify the child, including the clothing the child was last seen wearing.
2. After making the report to law enforcement, **immediately** contacts the DSS office responsible for the child.

Foster Care/MTS Worker/Supervisor

3. Upon notification of the runaway or missing foster child, contacts:
 - a). Law Enforcement to assure they have been notified and provided with appropriate information, including but not limited to:
 - i) Correct identifying information and any special circumstances that could place the child or the public at increased risk. These circumstances could include: age, medical conditions, medications which could effect health or conduct if missed, physical or mental disabilities, history of criminal conduct or physical violence which could affect officer or public safety; any history of suicidal ideation or action.
 - ii) Whether the child has run away previously and was found at or known to have been at a particular location;
 - iii) Addresses of parents, family, friends, or any significant person in the child's life;
 - iv) Any other information that could lead to helping locate the child;
 - v) Photo of the child.
 - b) the parent/legal guardian and Guardian Ad Litem;
 - c) [school officials](#).
4. Requests that law enforcement enter the child into the National Crime Information Center (NCIC) Missing Person File, in accordance with their protocols for such action. [Obtain a copy of the missing person report and place in case file. Notify the National Center for Missing & Exploited Children at 1-800-843-5678 for official case intake. Sign the release and verification form for the National Center for Missing and Exploited Children. Indicate job title on the form and that the signer is executing the release on behalf of DSS, the child's custodian. File a copy of the completed forms in the case record.](#)

* Note: The forms for the National Center for Missing and Exploited Children can be found in the Master Forms Index. The forms are found in Special Headings - Common Non-DSS Forms tab. [In the event there is a problem or delay in obtaining the forms, contact the National Center for Missing and Exploited Children.](#)

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5. Determines whether law enforcement will require a pick-up order from the Family Court to physically seize and return the child. If a pick-up order has not been obtained from the Family Court, request that law enforcement contact the agency if they should see the child, and the worker will then be responsible for attempting to pick up the child. When appropriate to the circumstances, worker should request that law enforcement accompany the worker.
6. If necessary, contacts county DSS attorney or local county office of the Department of Juvenile Justice (depending upon local county procedures) to obtain a pick-up order.
7. Contacts the Office of Investigation (OI) for further assistance in linking with law enforcement in the following circumstances:
 - a) If there are any questions about making the report to OI or to law enforcement; or
 - b) The child has special conditions as set out in 3(a); or
 - c) When it is believed that OI's assistance to local law enforcement increases the probability that the child would be found.

Note: OI agents are available after hours and can be reached by obtaining their cell phone number via their voice mail.

8. Provides OI with the name of the law enforcement agency that is involved and specifics pertaining to the element of risk.
9. Upon receipt of a signed pick-up order from a judge, supplies the order to law enforcement.
10. Notifies service providers who may be affected.
11. Updates placement data in CAPSS.
12. Reports any changes after 30 days to the State Office IV-E Coordinator of the child's missing/ runaway status.
13. Contacts at least every two weeks (by letter, phone, or visit) parents and/or other relatives or friends to explore possible leads on the child's whereabouts.
14. Conducts follow-up contact with law enforcement at least every two weeks to determine the status of their efforts in locating the child.
15. Contacts OI at least every two weeks to share information regarding efforts to locate the child.
16. Upon recovery of a foster child, notify the National Center for Missing & Exploited Children at 1-800-843-5678.

*Note: Runaway foster children are in agency custody until a court relieves the agency of custody or the child reaches adulthood. It is not appropriate for DSS as custodian to ask the court to be relieved of custody, or to ask

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for a child to be emancipated when the **sole** basis for the request is that the child is on runaway status. To ask the court to emancipate a child, DSS must be able to show to the court that the child is not at risk of harm, is self sufficient, and is self supporting. To ask to be relieved of custody, DSS must be able show the child is not at risk of harm and that appropriate arrangements for care of the child are in place. Cross reference Section 832.03 on Independent Living. Youth on runaway status are considered to be in foster care.

Note: The agency encourages foster care youth to remain in agency custody until their 18th birthday. If a youth should be emancipated by the court while on runaway status, and they were not known to be residing with family at the time of emancipation, then said youth is eligible for services. Cross reference Section 832.05.

835 Medical Consent

Revision Number: 07-05, Effective Date: 01/12/2007

Whenever a child is placed in DSS custody either by court order or voluntary placement, DSS has the authority to make decisions concerning ordinary medical care and emergency care.

**Note: Refer to Section 819 for a schedule of routine medical and dental care for a foster child.*

Whenever a child needs a medical procedure other than ordinary routine medical care, a review of the court order should be made to determine if DSS has been granted the authority to consent to such care. **Even if such authority has been granted, priority should always be given to allowing parents to consent to any procedure if they are available to do so (unless parental rights have been relinquished or terminated).**

Health care providers do not need consent to provide emergency care to a patient. When the delay involved in obtaining the consent of the appropriate DSS official or parent would present a serious risk to the health of the patient, emergency care should be provided. Authority to make decisions concerning major surgery or other high risk procedures remains with the parents (parental rights not relinquished or terminated) **unless** a court order gives DSS that authority. If a child is medically fragile or the Department is aware that the parents of the child cannot be located, the department should obtain the court's authority to consent to major medical procedures as soon as possible to prevent any delays in obtaining medical care for the child.

DSS has authority to make **all** medical decisions for the child when parental rights have been terminated or the parents have relinquished parental rights. For other cases, DSS must be granted authority per court order to make medical decisions, however, the agency will not exert that court ordered authority on non-TPR cases if the parents are available and are willing to give their consents.

Note: Under certain conditions, parental consent for medical procedures that are not life threatening for youth 16 years of age or older is not required. (Refer to SC Code of Laws, 20-7-280.)

When DSS has authority to make medical decisions for a child, that authority is allocated as follows:

1. The **State Director or his/her designee** must make a decision for the following types of procedure:
 - a. **Major surgery**: includes, but is not limited to, any surgical procedure that requires two (2) or more days of in-patient hospitalization.

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- b. **Withholding or withdrawal** of life-sustaining procedures, including orders not to resuscitate (DNR orders).
- 2. **County Directors/MTS Regional Directors/Area Adoption Administrators**, must make the decision for other procedures as follows:
 - a. **Minor Surgery**: examples include insertion of ear tubes, circumcision, insertion of shunts and related tubing. Generally, any out patient surgical procedure will fall into this category.
 - b. **Invasive diagnostic procedures**: examples include upper GI, colonoscopy, barium enema.
 - c. Use of **general anesthesia**.
 - b. A **designee** (DSS employee) of the County Director, MTS Regional Director or Area Administrator may make the decision for other minor medical procedures. Examples include:
 - (1) Noninvasive diagnostic procedures, such as an x-ray.
 - (2) Procedures involving only a negligible bodily invasion, such as an injection or withdrawal of blood.
 - (3) Maintenance of shunts or tubes.
- 3. Staffing as needed regarding consent for medical procedures may include but not be limited to: County Director, MTS Director or MTS Regional Director, Area Adoption Administrator and/or designee; Guardian Ad Litem; parent(s); foster parent(s); supervisor and worker. Following the staffing, the county attorney (as necessary) may be consulted to resolve any questions or concerns.

835.01 Procedures for Medical Consent

Revision Number: 03-02, Effective Date: 09/02/2003

The Children's Code Reform Act of 1996 protects parents rights (for children in the custody of the agency) to consent to major non-emergency medical, and surgical treatment. When a medical professional recommends a procedure that requires a parent's or guardian's consent, the effort must be made to obtain the parent's or guardian's approval and involve them in that process. The only exceptions are when the parents have relinquished their parental rights, parental rights have been terminated or a court order contains specific language that gives DSS the parent's role in consenting. When DSS has the authority to make medical decisions for a child, the severity and degree of the medical procedure determine who shall make that decision. This section describes the allocation of authority to provide consent among DSS officials and staff when DSS has the authority to make medical decisions for a child; this authority is distributed according to the severity and degree of the medical procedure.

Foster Care, Adoptions, _____ MTS Worker

- 1. Coordinates routine medical care as needed, and involves parents and caregivers as appropriate.

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2. In the event of an emergency, attempts to notify the parent(s) to inform them of their child needing emergency medical care.

County/ MTS Regional Administrator, Designee (DSS employee)

3. Gives consent for emergency medical care in the absence of Director, Adoption parental consent. Treatment should not be delayed if the approval process presents a serious risk to the health of a child.

Foster Care, Adoptions, MTS Worker

4. Unless the parental rights have been terminated, parental rights relinquished, or a court order restricts the parents rights to consent, informs the parents upon learning of the need for the medical procedure, assisting the parents in completing consent paperwork.
5. If the parents are not available, their whereabouts are unknown, or parents refuse to consent, coordinates and conducts a staffing to review the current court order to determine if there is a need to petition a court for authority to consent to the requested procedure.

**Note: if the urgency of the child's medical condition does not allow for locating the parents, either the attending physician or designated DSS official may authorize emergency treatment.*

- a. Includes in the staffing the county director, adoption administrator or MTS Regional Director or their designee, Guardian Ad Litem (GAL), supervisor, foster parents and worker as appropriate. Following the staffing, consults with the county attorney (as necessary) to resolve any questions or concerns.
- b. If the agency does not have consenting authority for the proposed procedure, submits an emergency petition to revise the court order to the Family Court to revise the court order.

Note: Case status should be continually assessed to determine if consent for medical procedures needs to be addressed in a court order thereby eliminating the need to obtain an emergency order, a process that could delay the child receiving the needed medical treatment.

- c. Documents efforts to contact/involve the parents when parents cannot be located.
6. When the court order grants DSS the authority to make medical decisions or parental rights have been terminated or relinquished, obtains the approval for the procedure as follows:

Designee of MTS Regional Director, County Director, Area Adoption Admin. (DSS Employee)

- a. Consents to medical care involving **non-invasive diagnostic procedures** such as x-ray, an injection or withdrawal of blood, maintenance on shunts or tubes.

County Director, MTS Regional Director, Area Adoption Admin

- b. Consents to medical procedures involving **minor surgery** (examples include insertion of ear tubes, circumcision, insertion of shunts and related tubing; generally any outpatient surgical procedures will

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fall into this category); **invasive diagnostic procedures** (examples include GI, colonoscopy, barium enema); use of **general anesthesia** in the above procedures).

State Director/Designee

- c. Consents to medical care for **major surgery** in-patient hospitalization or the **withholding or withdrawal of life-sustaining procedures**.

This includes orders not to resuscitate (DNR orders).

Foster Care, Adoptions or MTS Worker

- 7. For decisions requiring the County Director's/MTS Regional Director's or Area Adoption Administrator's approval, prepares a summary for review that includes the following information.
 - a. A court order that grants the agency the authority to consent for this treatment, a court order that terminates the parental rights, or executed relinquishments.
 - b. Information regarding parental involvement and attempts to locate the parents in order to discuss the issue and obtain their consent for the procedure if parental rights have not been terminated or relinquished.
 - c. The name and telephone number of the doctor.
 - d. The nature of the proposed medical procedure (in plain English); whether general or localized anesthesia will be used.
 - e. Significant risks presented by the procedure.
 - f. Why the doctor believes the procedure is needed, and the anticipated result of procedure.
 - g. If the child has been in foster care four (4) months or longer, whether the foster parents feel the procedure should be performed, and if not, why.
 - h. Physician's/hospital consent forms, if applicable.
 - i. Cover sheet located in Section 835.5.
- 8. Facilitates obtaining the State Director's approval by:
 - a. Making the request as soon as possible and well in advance of date selected for procedure.

Foster Care, Adoptions or MTS Worker

- b. Follows up as necessary to ensure that the medical provider receives the consent documentation in a timely manner. Files copies of all documentation in the case record.

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9. For decisions that require the State Director's approval:
 - a. Prepares a packet that includes:
 - i. A copy of the court order that gives the agency the authority to consent for medical treatment, a court order that terminates parental rights, or executed relinquishments.
 - ii. Medical documentation of the child's condition.
 - iii. Physician's/hospital required forms.
 - iv. A detailed summary of the case, including a history of parental involvement and attempts to locate the parents in order to discuss this issue and/or obtain their consent for the procedure if parental rights have not been terminated or relinquished.
 - v. Cover sheet located in Section 835.4.
 - b. Contacts, by phone, state foster care program staff to give advance notice that faxed documents are being sent for approval by the State Director.
 - c. Faxes the request for approval along with the information compiled to the attention of the Assistant Director of Foster Care and Adoptions.
 - d. Follows up as necessary to ensure that the medical provider receives the approval documentation. Files copies of documentation in the case record.

Note: Even though the agency may have been granted authority to approve the procedure or parental rights have been terminated or relinquished, the agency should consider on a case by case basis, from a humanitarian perspective rather than a legal one, what measures should be taken to involve or inform the parents of the decision to withhold or withdraw life-sustaining procedures or approval of a DNR order.

835.02 Medical Consent for Medically Fragile Children
Revision Number: 03-02, Effective Date: 09/02/2003

When a medically fragile child initially enters custody of the agency, consideration should be given to obtaining legal authority to consent to all medical treatments at the earliest court hearing. The agency continues to support and encourage parental involvement when consent is needed for a medical procedure. However when a child needs repeated medical treatments, and the parent(s) is/are not available or not willing to consent to recommended medical treatment(s), the agency should obtain the court's authority to consent to major medical procedures to prevent any delays in obtaining medical care for the child.

Foster Care, Adoptions, MTS Worker

1. Confers with the parents and determines their willingness to cooperate and to consent to recommended medical treatment.

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2. If necessary due to case circumstances, staffs the case to determine if court intervention is needed in order to consent to major surgery or high risk procedures.
3. Refers to Section 835.1 for approval procedures when a child is in need of a medical treatment.

835.03 Medical Consent for Voluntary Placements
Revision Number: 03-02, Effective Date: 09/02/2003

When a voluntary placement is made (refer to Section 812), the agency has the authority to make decisions concerning emergency and ordinary medical care. This section describes the approval process when a child has been voluntarily placed with the agency. When the parent's whereabouts are unknown, the agency should obtain the court's authority to consent to medical procedures involving major surgery.

**Note: Also see Section 833 for more information.*

Foster Care, Adoptions, MTS Worker

1. Involves the parents in medical decision for medical treatment;
2. If parent(s) cannot be located and efforts have been made to locate them or they refuse to consent to a needed medical treatment, staffs the case to determine if court intervention is needed for removal of custody with authorization to consent or for court authorization to consent pursuant to S.C. Code 20-7-652.

835.04 Requesting Medical Consent from the State Director
Revision Number: 03-02, Effective Date: 09/02/2003

DATE: _____ **URGENT RESPONSE NEEDED**

TO: Division of Human Services, State Office

FROM: _____ Phone: _____

_____ Phone: _____

_____ County/MTS/Adoption Office

RE: Medical consent for _____, DOB _____

Projected date for medical treatment: _____

Physician's name: _____ **Phone Number:** _____

Check list of necessary information

- _____ 1. Court order that grants the agency the authority to consent for this treatment, a court order that terminates the parental rights, or executed relinquishments.

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- _____ 2. Nature of the proposed medical procedure (in non-medical English); whether it will be performed on an in-patient or outpatient basis; whether general or localized anesthesia will be used.
- _____ 3. Significant risks presented by the procedure.
- _____ 4. Why the doctor believes the procedure is needed, and the anticipated result of the procedure.
- _____ 5. If the child has been in foster care four (4) months or longer with the same parents whether the foster parents feel the procedure should be performed, and if not, why.
- _____ 6. Physician's/hospital's consent forms (if applicable).

***Note: Contact by phone a representative at the State Office (Division of Human Services) to give advance notice that faxed documents are being sent for the approval of the State Director.*

835.05 Requesting Medical Consent from the County Director, MTS Director, MTS Regional Director or Adoptions Administrator

Revision Number: 03-02, Effective Date: 09/02/2003

DATE: _____ **URGENT RESPONSE NEEDED**

TO: County Director, MTS Director, MTS Regional Director, or Adoptions Administrator

FROM: _____ Phone: _____

_____ Phone: _____

_____ County/MTS/ Adoption Office

RE: Medical consent for _____, DOB _____

Projected date for medical treatment: _____

Physician's name: _____ **Phone number:** _____

Check list of necessary information:

- _____ 1. Court order that grants the agency the authority to consent for this treatment, a court order that terminates the parental rights, or executed relinquishments.
- _____ 2. Nature of the proposed medical procedure (in plain English); whether it will be performed on an in-patient or outpatient basis; whether general or localized anesthesia will be used.
- _____ 3. Significant risks presented by the procedure.

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- _____ 4. **Why the doctor believes the procedure is needed, and the anticipated result of the procedure.**
- _____ 5. **If the child has been in foster care four (4) months or longer with the same foster parents, whether the foster parents feel the procedure should be performed, and if not, why.**
- _____ 6. **Physician's/hospital's consent forms (if applicable).**

836 Death of a Child in Foster Care

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures to be followed when a child in foster care dies.

Foster Care/MTS worker

1. **Immediately** notifies:
 - a. any other appropriate family members or other appropriate person as soon as possible
 - b. Foster Care Program staff, Office of Investigation and General Counsel.

County Director/ Designee

2. Takes immediate possession of all records related to the case and secures these records.

State Office Foster Care Program Specialist

3. Notifies Director of Human Services.

Foster Care/MTS worker

4. Provides information necessary for State Office staff to complete child fatality report.
5. Assists the biological family in funeral preparations, if appropriate.
6. Contacts the State Office Foster Care Specialists to access funds to assist with the funeral costs.

**Note: The maximum assistance available from state funds \$1500.*

837 Foster Child's Attendance at a Parent's Out of State Funeral

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures regarding a foster child's attendance at a parent's funeral when the funeral occurs out-of-state. While each situation will be different, ideally the foster care worker and/or the foster parent should notify the foster child of the parent's death and funeral.

Foster Care/MTS worker

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1. Notify supervisor and key individuals (foster parents, guardian ad litem, therapist) of the death.
2. Schedule case staffing of key individuals within two hours of notification.
3. Planning for the trip should take into account:
 - a. age of the child;
 - b. relationship and bonding between child and deceased individual;
 - c. type and frequency of involvement between the child and the individual;
 - d. the permanent plan for the child;
 - e. any expressed wishes of the child;
 - f. whether or not a caseworker or DSS representative needs to accompany the child; and
 - g. if the child should attend the funeral;
4. If a recommendation is made for the child to attend the funeral contact the county director immediately.

County Director/ Designee

5. Approve or disapprove child's attendance.

Foster Care/MTS worker

6. If county director concurs with attendance, contacts Interstate program staff to arrange any travel plans.
7. Provide date and approximate time for travel.

Supervisor, Out-of -Home Care or Identified Designee

8. Arrange travel plans for child.

Foster Care/MTS worker

9. Coordinate travel plans with deceased individual's family members.
10. Develop plans which assure adequate supervision and safety of the child.
11. Coordinate supervision and sleeping arrangements for the child.
12. Arrange transportation to and from airport (if air travel is involved).

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13. Notify court regarding funeral attendance.

Foster Parents

14. Assure that child takes appropriate clothing for funeral services.

838 Report of Abuse or Neglect of the Child in Placement

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures to be followed when a child or someone on the child's behalf discloses neglect or abuse in placements.

Child/Third Party

1. States child was maltreated in present and/or past placements.

Foster Care Worker/ CPS

2. Receives allegations relating to child abuse and neglect Worker/ County Supervisor in foster homes, group homes, or institutions.
3. Follows procedures outlined in Child Protective Services Manual (Chapter 7, Section 721) for referral to OHAN (Out of Home, Abuse and Neglect) for investigation.

Note: Special attention should be made to any tasks that address involvement by county staff.

4. Coordinates with OHAN an emergency removal from a foster home if child is in immediate danger at the time of the report or any time during the investigation.
5. Notifies the County Director and foster home licensing worker of an ongoing investigation.
6. Upon receipt of the results of the OHAN investigation, ensures that the county director, the county licensing staff (if abuse or neglect occurred in a foster home) and State Office Foster Care Licensing Unit are advised of the case decision.
7. Cooperate with OHAN as requested.

839 Evacuation of Foster Children in the Event of a Disaster

Revision Number: 03-02, Effective Date: 09/02/2003

In the event of a mandatory evacuation order due to a disaster (hurricane), foster children are to be evacuated to a designated shelter or a safe location that is not threatened by the disaster. Foster care or adoptions staff may be asked to assist as needed. **The State Office licensing staff will assist group care providers and child placing agencies** (therapeutic foster care providers licensed by private providers) with making arrangements for housing with other providers. This section serves to provide information and guidance for foster care staff to obtain the whereabouts and location of foster children.

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Foster Care/MTS worker

1. Informs foster parents to contact the Children's Helpline (888-722-2580) if evacuating or leaving their home. Foster Parents need to be prepared to forward the following information:
 - a. child's name;
 - b. county or office of case management;
 - c. current whereabouts; and
 - d. a phone number where they can be reached.
2. Makes alternative placement arrangements for foster child, if foster parent chooses not to comply with a mandatory evacuation order.
3. Informs the foster parent in the event that the foster parent plans to evacuate to a residence rather than a designated shelter, foster parent must be certain that:
 - » the location is safe and is large enough to accommodate everyone; and
 - » the location of the residence is located far enough away to not be threatened by the disaster; and
 - » the name, address and telephone number of the residence is shared; and
 - » the residence is appropriate for the needs of the child.
4. Instructs foster parent to contact the county or office of case management with the following information as soon as lines of communication are restored:
 - a. the safety and condition of the foster child and family; and
 - b. the current living arrangements ; and
 - c. the condition of the home (if known); and
 - d. whether or not the foster family can reside in the home (if known).
5. Contacts State Office Foster Care Licensing Staff as needed, for additional information related to plans for group care providers and foster parents licensed by private providers.

840 Travel Authorization for Foster Children
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to be followed when approving travel plans for foster children, both within and outside of the state. The rationale behind these procedures is that the agency must be aware that trips are occurring, must know the purpose of the trips, must approve non-routine trips, and must ensure that any individual transporting a foster child can quickly notify the agency and respond to the child's needs in the event of an emergency.

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**Note: For ICPC related travel or visitation, also reference Sections 841, 841.2, 841.3, and 841.5.*

Foster Provider

1. **Providers should not be routinely required to seek permission for children to participate in recreational outings of short duration (such as bowling, skating, swimming, overnights with friends, etc.), unless there are extenuating circumstances related to the child's best interest.** Unless an emergency exists, notifies agency staff at least one week in advance of out-of-state travel plans to obtain approval. For in-state travel provider contacts foster care worker for concurrence.

**Note: See #2*

Foster Care/MTS worker

2. Can concur with in-state routine travel. This could include a child traveling with a provider (or church, school, or other recognized organizational sponsorship type situation) for such activities as weekend camping trips , band competitions, visits to foster family's friends' or relative homes, etc.

Foster Care Staff

3. Receives a request from a provider for approval of an upcoming out-of-state trip. Obtains the following information about the trip:
 - a. Identification of chaperones, location of destination, date of departure and return, mode of travel, and a telephone number as an emergency contact.
4. Determines if there are any case management planning issues or reasons why out-of-state travel would not be in the best interest of the child by:

Foster Care/MTS worker

- a. Reviewing relevant court orders for any restrictions or specifications related to visitations or travel; and
 - b. Staffing the plans with supervisory staff and the Guardian ad litem; and
 - c. Involving the biological parents for their approval. The County Director will have the authority to resolve any disputes that may arise with a parent over a proposed trip; and
- d. The approval and signature of the County Director must be obtained on DSS Form 1103.
5. *If the travel plans involve costs for the agency, then* staff must obtain the signature of the Director of Regional and County Operations (or his/her designee) on DSS Form 1103.
6. *If the travel plans involve the foster child going out of the country, then* additionally the signature of the State Director authorizing any emergency medical care needed by the child. Any agency HelpLine numbers should also be listed for the provider.

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Definition and Examples of Non-Routine Travel: includes extended travel that is for more than a few days such as holiday travel, vacations, mission trips, extended school band trips, and travel outside of the state or country.

Definition or Other Insurance Coverage: For reimbursement of medical costs through Medicaid, the treatment provider must be a Medicaid enrolled provider. There is a phone number on the back of the children's Medicaid cards for treatment providers to call prior to treatment. For children traveling on extended trips out of state or county, staff and foster parents can consider acquiring additional temporary insurance coverage. Further, foster parents are to be made aware that should a child require emergency medical care, to try and access a Medicaid provider and/or utilize a public treatment facility.

841 ICPC - Receiving a Child From Another State
Revision Number: 07-01, Effective Date: 01/09/2007

This section describes the process to complete a home-study request received through Interstate Compact (ICPC) for an out-of-state child to be placed in South Carolina. Issues including on-going supervision and procedures for completing reports to the State Office Interstate Office are included.

The Interstate Compact on the Placement of Children (ICPC) was developed to establish procedures for the interstate placement of children, fix responsibilities for those involved in placing children, and provides for accountability and consistency among all the states

Since the enactment of The Safe and Timely Interstate Placement of Foster Children Act, (PL 109-239), ICPC home-studies must be completed within 60 calendar days. This time frame begins when the home-study request is received at the State Office. **County offices will have to complete a home-study in less than 50 days.** A provision for a 15 day extension may be granted under certain conditions. Financial penalties from Title IV-B and Title IV-E federal funds may be imposed for failure to meet the timelines.

Regulation 7 of the Interstate Compact is a provision that allows for an expedited home-study of family members. The time frame for completing the Regulation 7 request will be specified in the information received from the ICPC consultant, but is usually in 30 days.

It is a violation of the Interstate Compact for a sending state to place a child prior to approval into South Carolina. Should that occur, DSS will work with the sending state to bring the case into compliance.

Potential caregivers must be reminded that a foster child placed in an un- licensed home is not eligible to receive Medicaid or to receive board payments (exceptions exist). The parents or relatives must be able to meet the child's needs.

**Note: For relatives interested in being licensed as foster parents, refer to Section 937.*

State Office ICPC Consultant

1. Receives a request for a home-study from the sending state.

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- a. Forwards the request to the county/regional office within **5 calendar** days of the receipt of the request. If the request is not complete, contacts the sending state. If no information is received within 3 weeks, the packet may be returned to the sending state. The 60 day timeframe begins upon receipt of all the information.
- b. If the request is an ICPC Regulation 7 request, forwards the request via FAX and hard copy. The date the report is due will be indicated on the transmittal to the county/regional office.

Foster Care Worker or Designated Worker

2. Immediately reviews the request and documentation and initiates action necessary to complete the home evaluation and pre-licensure study.
 - a. If additional information is needed from the sending state, notifies the ICPC consultant **no later than the 10th calendar day**. Continues to complete the study based on the available information (i.e. initiating criminal records requests, required inspections, etc).
 - b. **Within 15 calendar days**, initiates contacts with individuals necessary to complete the home study. Makes request for fire and health inspections, criminal records checks, identifies and notifies references. Files copies of requests in the case record and documents efforts in CAPSS. Checks Family Independence (FI) and Food Stamp records in SCDSS database. Notifies FI and Food Stamps Eligibility Worker of proposed placement if family is an FI or Food Stamp recipient
 - c. If vital information has not been received within **50** calendar days, (timeframe is based upon the date of the State Office's receipt of the home-study request), submits a request for a 15 day extension to the State Office ICPC consultant. An extension may be granted if:
 - A supervisor has approved the request including a date and signature;
 - The information is important and vital to the determination;
 - Requests for information (background checks, etc) were mailed within 10 days upon receipt of the home study request;
 - The request must include documentation to verify that information requests were sent timely;
 - The request must indicate what documentation/information is missing, the circumstances involved, and a statement indicating that completing the home study is in the best interest of the child.
 - The request is faxed to the ICPC consultant and clearly states on the cover sheet that the document is a request for an extension for completion of the home study;

State Office ICPC Consultant

3. Notifies the worker and supervisor immediately whether the extension has been approved or not.

Foster Care or Designated Worker and Supervisor

4. Completes the study using the format as described in Section 841.HS, ICPC –Home Study Guide. The completed study must include the date and the supervisor's signature:

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- a. if an extension has been **approved, the home-study must be completed**, no later than the **65th** day in the timeline.
- b. if the extension is **not approved**, the completed home-study must be forwarded immediately to the State Office ICPC Unit.

Note: For relative approvals or relative licensure, federal regulations permit non-safety standards to be waived (e.g. square footage in the home). **The placement is denied for licensure or relative approval if the candidate(s) or a household member's criminal record contains a conviction for which SC Code Section 20-7-1642 prohibits licensure.*

If the **parents** being studied have a treatment plan developed by the sending state, a determination must be made whether the parents have completed the treatment plan. This determination must be based upon information from the sending state and the home evaluation being completed.

Foster Care or Licensing Worker

5. Forwards the completed report/study in Triplicate to the state ICPC office. **Uses bold lettering to indicate that the packet is a response to an ICPC home study request.**

State Office ICPC Consultant

6. Signs DSS Form 3049 (ICPC Form 100 A-Interstate Compact Placement Request) approving or denying placement and notifies the sending state.

Sending state

7. Accepts the home study completed by SCDSS standards, unless the sending state notifies SCDSS ICPC within 14 days of the receipt of the study that reliance on the report would be contrary to the child's welfare.
8. If placement is approved, makes placement and submits DSS Form 30126 (ICPC Form 100 B) to the State Office ICPC Unit verifying the date of placement.

Foster Care or Designated Worker

9. Upon receipt of notification (by DSS Form 30126 or ICPC 100B), that child has been placed begins supervision; references any specifications on the 100A (DSS Form 3049) and information received from the sending state regarding the child's needs. Minimum supervision includes monthly face-to-face contact with the child and an assessment to confirm safety. Follows-up immediately to address any concerns about the child's safety.
10. This may include a report to OHAN for investigation of abuse or neglect for licensed placements.
 - a. Notifies the local sending agency immediately if threats to safety are identified; then contacts State Office ICPC consultant regarding immediate return of the child to the sending state, if appropriate.

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Foster Care or Designated Worker

11. Completes quarterly progress report in **TRIPLICATE** to be forwarded to the State Office ICPC Unit. Refer to Section 841.PR, ICPC - Outline for Progress Report. The report must include the specific dates of face-to-face contact with the child. If the placement is licensed, consult with the licensing worker. If there are concerns regarding the continued safety and suitability of the placement, the concerns and expected follow up (i.e. return of the child to the sending state) must be forwarded to the State Office ICPC consultant immediately.

Foster Care Supervisor

12. Reviews the quarterly or other written reports, indicates approval by signing and dating the report; forwards the report to the State Office ICPC consultant.

Foster Care Worker or Licensing Worker

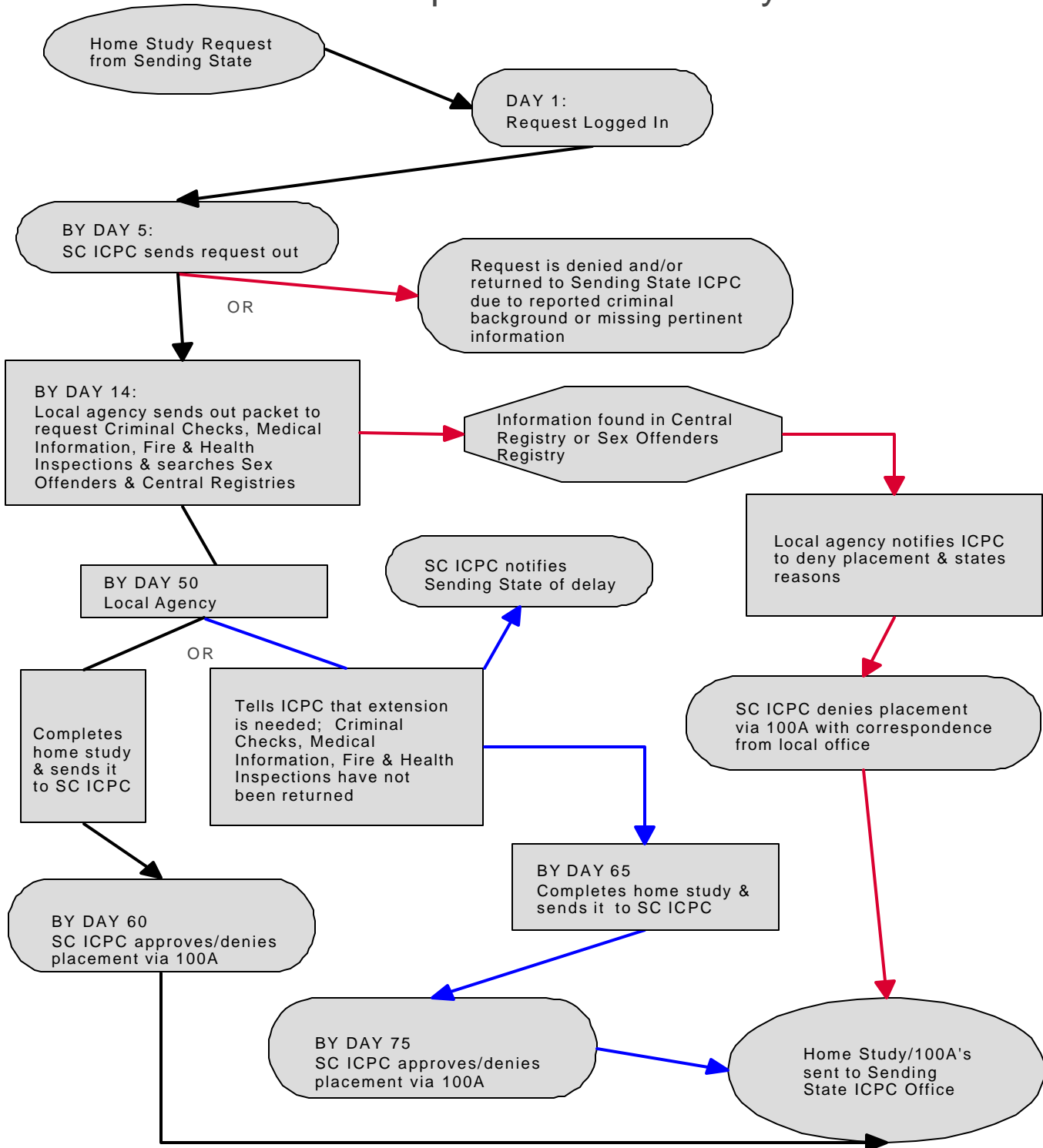
13. If the placement disrupts, notifies the sending state's local agency to make arrangements for the child's return and submits a written summary of the disruption to the S.C. ICPC Office.
14. If the sending state is not responsive to a removal request, assistance may be obtained by contacting the State Office ICPC consultant.
15. If custody or guardianship is the permanent plan for the child, reviews the permanent plan after the child has been in the home at least 6 months. Recommends the transfer of custody or guardianship to the caregivers, if this is in the child's best interest and all parties are in agreement.
16. Continues supervision until notified by the sending state that supervision is no longer required. Continues to submit quarterly reports.
17. Closes a case upon receipt of a request from the State Office ICPC Unit (DSS Form 30126), and/or a receipt of a court order approving closure of the case.
18. Documents actions in CAPSS.

(Attachment)
ICPC Home Study Timeline

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Interstate Compact Home Study Timeline



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841.00.HS Gde ICPC - Home Study Guide

Revision Number: 07-01, Effective Date: 01/09/2007

This section serves as a guide for completing an interstate home study request. This format is generally agreed upon by all states.

1. Identifying Information

Name of Caseworker
Name of Supervisor
Name of County Office
Name of Address of Proposed Placement
Name(s) of ICPC Child(ren)
Date Prepared
Date of Home Visit(s)

2. **Composition of the Family** - Include listing of all household members living in the home, their ages, relationship to the individual being studied, occupations, previous marriages, and an overall assessment of functioning as a family
3. **Physical Description of the Home Environment** - Include pertinent information about the condition of the home, sleeping arrangements, plans for accommodating the child to be placed, etc. Review fire and safety hazards (such as unlocked firearms, accessible poison, overloaded outlets or extension cords; exposed electrical wiring, peeling or flaking paint, broken windows, doors, steps; holes in walls or floor or ceilings; rodent or insect infestation, unsanitary plumbing. Indicate if home has easy access to a telephone and to reliable transportation.
4. **Financial Situation** - Include specific information on the economic situation of the family, including income, assets, financial obligations, and general money management, etc. Indicate if family is receiving Family Independence (TANF) food stamps or Medicaid.
Note: The family must be informed that FI or FS staff will be notified of proposed placement. The household should not be dependent solely on child's income or board payment.
5. **Medical Information** - Include any important past, current or potential health problems.
6. **Family Activities** - Include information about activities that the family enjoys participating in.
7. **Motivation and Attitudes of All Family Members Toward the Proposed Placement** – Include step-parents, step-siblings, half-siblings, and all other household members
8. **Continued Involvement of the Family with the Biological Parents** - Include any visitation with the biological parents, any attitude toward biological parents and siblings, plans to reunite the child with biological parents, the ability to protect the child from the biological parents if necessary, etc. Indicate if family can meet the safety needs of the child.

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- 9. Assessment of Parenting Capacities** - Indicate specifically how the caregivers can or cannot meet the individual needs of the child including the child's safety, permanency, physical and mental health, well-being, (emotional and physical development of the child). Describe observations or history of indicators of alcohol or other drug abuse, of domestic violence, child abuse or neglect, mental health, mental retardations, physical disabilities, education & occupations. Describe the family, their relationship with their own parents and siblings in childhood and early adult years, their styles of parenting, relationship with their children, sibling relationship, methods of discipline, and willingness to seek and use help from appropriate social agencies.

**Note: Placement of a child cannot be recommended for a caregiver or household member, who has an indicated case for abuse or neglect or has a conviction for a criminal offense for crimes listed in SC Statute 20 – 7-1642. If a biological or legal parent has a conviction, consideration must be given to the circumstances and how that affects the safety of the child. Describe rehabilitation efforts since the criminal conviction.*

- 10. Treatment Resources Available in the Community** - Include information about medical facilities, educational resources such as special services for the emotionally handicapped, availability of counseling services in the community as necessary or potentially necessary for the child based on the information given by the sending state.
- 11. Type of Board Payments** - Specify whether child will be receiving regular or Title IV-E Board Payments (if applicable).
- 12. Medical Plan** – Indicate what the plan is to meet the medical needs of the child; if the caregiver will be assuming responsibility for meeting costs of medical needs, obtain a statement from the caregiver indicating the willingness and resources available. If child is not IV-E eligible for SC Medicaid, indicate how caregivers can utilize Medicaid from the other state, including the necessity of identifying a provider willing to accept reimbursement from another state.
- 13. Caregiver's Perception of Permanent Plan for the Child** - Does the caregiver expect this to be a short or long term placement, plan to adopt, etc.? Specify if the home environment will meet the permanency needs of the child until the child reaches age 18.
- 14. References** - Include references from at least two non-related persons regarding the family's ability to care for the child. References should have known the family at least three years of the last six years.
- 15. Other comments:**
- 16. Determination of Home Environment to meet the Individual Needs of the Child-** The home study must have a determination whether a placement is appropriate and whether there are any risk factors identified. If the parents are completing a treatment plan and they are not in a position to care for the children at this time, then describe the obstacle and what issues need to change.

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841.00.PR ICPC - Progress Reports

Revision Number: 07-01, Effective Date: 01/09/2007

This section provides clarification regarding Interstate Compact progress reports.

Progress reports must be submitted (at a minimum) on a **quarterly basis** to the sending state through the State Office Interstate Compact unit. The following outline describes the information to be included and applies to parents, relative and other caregivers.

1. Identifying Information:
 - Name and date of birth of child;
 - Name, relationship, and address of the placement resource;
 - Date of Placement with resource; name of the sending state;
2. Dates and types of contacts: report must specify which contacts are face to face;
3. Physical condition of the home;
4. Current status of caretaker and family: any changes in family composition, health, financial situation, work, legal involvement, social relationships;
5. Child care arrangements, if any;
6. Current functioning of children: adjustment to placement, school (include name and grade), health, relationships with peers and adults, behaviors/emotional concerns, delinquent activity, special services, results of any new evaluations, special interests/hobbies/events;
7. Contacts with biological parents or relatives, what type, where? with whom?, quality of contact?, and the child's reaction?.
8. Financial/medical provisions for child and caregiver: how child is supported. If sending state is responsible, are there any problems/is there a problem with medical coverage. Suggestions for resolution;
9. Assessment of placement: must include current safety assessment; is the caretaker meeting child's needs/ what is the caretaker's commitment to child? List strengths and weaknesses;
10. Permanent plan status: what progress has been made toward permanent goal? Has goal changed? Are there any recommendations?
11. Recommendation for transfer of custody, adoption, or discharge of sending state's legal jurisdiction (when appropriate); if transfer of custody is recommended, specify how family functioning demonstrates the stability of the placement without agency support.
12. Signature of worker and supervisor, date, and name and telephone number of county office.

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841.01 ICPC - Placement of a SC Child with Parents or Other Individuals in Another State
Revision Number: 07-01, Effective Date: 01/09/2007

This section provides the procedures to be followed when the Agency requests approval for a foster child to be placed in an out-of-state placement.

**Note: Please refer to 841.01.Gd, Guide for Placing a Child Out-of-State. This section serves to clarify the items necessary for completing a request through Interstate Compact.*

It is a violation of the ICPC to place a child without approval from the receiving state.

The Safe and Timely Interstate Placement of Foster Children Act, (PL 109-239) requires that ICPC home-studies must be completed within 60 calendar days. This time frame begins when the home-study request is received at the State Office.

Potential caregivers must be reminded that they will have to be licensed to be eligible to receive a board payment and to receive Medicaid for the child. If providers are not interested in becoming licensed, then they must be able to meet the child's needs (financial, mental health, education, etc.).

In certain circumstances, the court may decide to order legal and physical custody of a child to an out-of-state, **non-abusive parent**. If the Court requests a home study or supervision of a child, then the request must go through the ICPC process. Approval must be obtained prior to placement of children. If approval is not first obtained then the receiving state is not obligated to provide any services. Contact the ICPC state office consultant for additional assistance.

Prior to placing a child out of state, input must be obtained from the child (if appropriate), parents if appropriate, and the child's Guardian Ad Litem. The proposed move must be consistent with the child's permanent plan and approved by family court.

Visitation for children is important to maintain connections and also serves to help a child transition to a new out-of-state placement. ICPC has the following guidelines for visits:

- a. If a child's stay is proposed to be **no longer than thirty (30) days**, it is considered a visit and does **not** require ICPC approval.
- b. The **purpose of a visit** is to provide a child with a social or cultural experience of short duration, such as a stay in a camp or with a friend or relative who has not assumed legal responsibility for providing child care services.
- c. A visit may be longer than thirty 30 days only if it is during a child's vacation from school.
- d. A visit may not be extended beyond 30 days or school vacation period.

Note: A visit or pre-placement visit can not be an ad hoc placement.

Regulation 7 of the ICPC provides for a priority request process. This process is **agreed** upon by states as a quick approval process of an apparently well-functioning family member who appears to be an appropriate placement. Regulation 7 provides that home studies be completed within **30 days** provided that:

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- a. The child is age 2 or younger;
- b. A child is placed in an emergency shelter;
- c. The involved child has previously spent a substantial amount of time in the home of the proposed placement recipient;
- d. The degree of relationship must be parent, step-parent; grandparent; adult brother/sister or adult aunt/uncle.

Within one working day of the receipt of Priority Regulation 7 request, the Agency must obtain a signed court order that documents that the case meets the above conditions by listing the criteria and by naming the parent or relative and the degree of relationship. The order must be submitted to the local agency within 2 business days of the court hearing. If the packet is not complete with the required documentation, the packet cannot be forwarded. The packet must be clearly marked "Regulation 7 Request" and forwarded immediately to the State Office ICPC unit.

Foster Care Worker, FC Supervisor, Adoption Staff

1. Conducts a Placement committee staffing (refer to Section 819) involving significant parties (as appropriate) including Agency staff, Guardian Ad Litem, foster parents, child; determines whether the request of the child's move is consistent with the child's permanent plan.
2. If the agency does not concur with the planned move, initiates steps to identify an alternate placement resource for the child.
3. If all involved parties concur with the move, and the court approval has been obtained, prepares a request packet **in triplicate** which must include the following information and attachments:
 - **Cover Sheet** which includes the name of the child, county holding case management, name, relationship and address of the placement resource; reason for the out of state placement; statement indicating SCDSS has legal custody; the child's permanent plan and expected date of achievement; a request for monthly face to face contacts with the child in placement and quarterly progress reports.

· **Detailed Child Social Summary**

Note: Child's treatment plan may be substituted if it **clearly contains all the information in the child social summary outline; must include specific needs of the child, reason for placement into foster care and permanent plan. The information must clearly indicate why the child is in agency custody; for the abusive parent, what behaviors must be changed; for the non-custodial parent, what parenting capacities the parent must have in order to adequately care for the child, reference specific behaviors child may have.*

- **Court Order** verifying legal custody to SCDSS and the authority to place child out of state.

· **IV-E Eligibility and Plan to Meet Child's Medical Needs**

Indicate whether the child is IV-E eligible and is receiving Medicaid or has other medical coverage.

· **Plan for Financial Support**

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· **DSS Form 3049 (ICPC 100 A)** completed and signed by the case manager for the child;

**Note: DSS Form 30126 (or ICPC 100- A) must specify type of study being requested, request for supervision of the placement by the receiving state, and the frequency of supervisory reports (must be at least quarterly).*

· If applicable, other documents that provide information necessary for the agency completing an evaluation to determine if the placement resource will meet the child's specific needs; this includes but is not limited to medical reports, psychological evaluations, etc.

Foster Care Supervisor

4. Reviews ICPC packet, if there is concurrence with the proposed placement, forwards the completed packet in **TRIPLICATE** to State Office ICPC unit.

State Office ICPC Consultant

5. Promptly reviews the request packet for the information listed in Item 2 above; completes DSS Form 3049 (ICPC Form 100 A) with approval signature; and forwards the request to the receiving state.
6. Upon receipt of the home assessment or study and signed DSS Form 3049 (ICPC 100 A) from the receiving state, forwards the receiving state decision to the county office.

Foster Care Worker and Foster Care Supervisor

7. **Within 5 calendar days of receipt of the study** reviews the completed home study. **Contacts** the State Office ICPC Unit if reliance on the report (or home evaluation) would be contrary to the child's welfare.

Note: Contact the State Office ICPC Unit if an approved homestudy identifies circumstances or potential risk factors to a child and it is felt that sending a child would be **not be in their best interests.*

8. If request is denied by receiving state, makes other placement arrangements for the child; determines what outcomes must be achieved by the parents in order for the receiving state to reconsider; which includes implementing or revising the current treatment plan for the parent.
9. If the placement request is approved and will not be used, notifies State Office ICPC unit by completing DSS Form 30126 (ICPC 100 B) and checking the item that "approved placement resource will not be used."

Note: An approval is valid for 6 months from the date the approval is given by the receiving state ICPC office (date found on DSS Form 3049). After **6 months, requests an update to the home study to review and adjust (as necessary) the child's permanent plan.*

10. If request is approved and placement is planned,
 - a. Schedules a permanency planning hearing if court approval has not already been obtained.
Requests ongoing case management be provided by the receiving state.
 - b. Completes arrangements, notifies the child, parents, and others (if applicable);

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- c. Notifies Medicaid and State Office IV-E unit prior to child's placement out of state.
- d. Arranges for air transportation if needed for child's placement out of state. Refer to Section 841.04.

Foster Care Worker

11. When the placement is made, notifies the receiving state of placement and requests they begin supervision of the child by completing DSS Form 30126 (ICPC 100 B) in triplicate and forwarding it to the State Office IPCC unit.
12. Provides case management of child's placement including permanency planning; schedules permanency planning hearing for the out of state placement with the same frequency and procedures applicable to an instate placement; monitors and follows up on progress reports to determine face to face contact is being made with the child by the receiving state and ongoing safety is assessed in the placement;
 - a. If timely or thorough progress reports are not received, submits request for reports through State Office ICPC Unit.
13. If the placement disrupts, arranges for the prompt return of the child to South Carolina. Refer to Section 841.04 if air transportation is needed for the child's return.
 - a. Requests a summary report from the receiving state of circumstances regarding the disruption.
14. After a minimum of 6 months supervision in the receiving state and concurrence from the supervisor, confers with the receiving state regarding the need for continuing agency custody or transfer of custody to the parent or other placement resource.
 - a. If all parties do not agree including the receiving state, continues to case manage child's placement as per actions above and determines if a concurrent plan needs to be implemented.
15. Closes the case when both states concur and when a copy of the court order awarding legal custody to the placement resource is received.
16. Notifies the State Office ICPC unit of case closure by submitting DSS Form 30126.
17. Uses CAPSS to document all the above actions.

841.01.Guideline ICPC - Guide For Placing SC Child Out of State

Revision Number: 07-01, Effective Date: 01/09/2007

This section serves as guide to clarify the information (referenced in 841.01) needed to complete an Interstate Compact request for placing a child out-of-state. Be certain to submit all items to the State Office Interstate Compact Unit.

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**Note: If all the information below is not included in the packet, there will be delays in completing the study.*

County / Regional Office:

Child(ren's) Name(s):

Date of Birth:

Social Security Number(s):

Resource Placement: (name, address and relationship)

q DSS Form 3049 (submit 5 copies)

Please submit the following in triplicate:

q Cover Letter

q Family Social Summary, if information not included in child's social summary

q Child(ren) Social Summary or Treatment Plan for Child(ren)

q Current Court Order, indicating SCDSS has custody

q IV-E Eligibility & Medical/Financial Plan

q FCRB Reports

q Service Agreement with parent(s), if placement is with parent

q Medical Reports for child(ren), include psychological evaluations and therapist reports

q Copy of Social Security Card(s) and Birth Certificates

q Educational records for child(ren), include Individualized Educational Plans (IEP)

q Visitation Plan

q Licensing Study (original and updates) if Foster Parents relocating with child

q Copy of Foster License, if foster parents relocating with child

*Required Information for request packet

q Signature of worker and supervisor and date

COVER LETTER

The cover letter (on official Agency letterhead) must briefly outline the following:

a. Reason out-of-state placement is being pursued;

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- b. Statement that indicates the person/agency/court that has legal custody of the child;
- c. Permanency goal, brief statement of case plan (identify specific services needed for child) and expected achievement date;
- d. Plans for meeting the financial needs of child in the receiving state;
- e. Name and address of the person to be studied. Include any relevant information available about the person named as a placement resource.

SECTION I. IV-E Eligibility & Medical Plan

- [] This child has been determined Title IV-E eligible and is eligible for Medicaid in the State where the child resides. Medicaid in South Carolina will be terminated when the resource is licensed AND the child receives a board payment. Please instruct the foster parent resource regarding procedures necessary to receive Medicaid in the Receiving State. Note: caseworker must notify DHHS regarding termination of SC Medicaid.
- [] This child is **not** Title IV-E eligible. A South Carolina State Medicaid card will be issued monthly. Use of SC Medicaid in the receiving state must be determined to be a viable option as the providers must each enroll with SC DHHS for South Carolina Medicaid.
- [] This child has other health insurance coverage. Specify coverage and how child accesses coverage. Attach verification.
- [] The placement resource has agreed to be responsible for providing medical coverage for this child. Attach verification such as a statement from the resource. Confer with the receiving state for verification.
- [] The child is not eligible for Medicaid or other health care coverage. Specify how the medical care of the child will be met.
- [] The child is being placed with the parent(s) who will be responsible for the child's medical needs.
- [] The placement resource is related to the child and will apply for TANF in the receiving state.
**Note: By applying for TANF, the child may be eligible for Medicaid under the TANF- Child Only Grant.*

SECTION II. Financial Plan

- [] South Carolina will pay South Carolina foster care rates for the child in the custody of SCDSS based on the child's eligibility if placement resource maintains a current license in the receiving state. Amount: _____ when home is licensed.
- [] The placement resource has agreed to be responsible for providing for the financial needs of this child. Explain. Request the receiving state to obtain written statement from the placement resource.

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- [] The placement resource will apply for TANF on behalf of the child in the Receiving State. Note: some states do not permit a child in the custody of another state to receive TANF.
- [] The child has the following sources of income (list sources, amounts, and how incomes become available for the child).
- [] The child will be placed with parents who are responsible for supporting the child.

SECTION III. Child Social Summary Outline

Complete a summary for each child for whom placement is being requested. Be certain to address all areas as applicable.

Child (ren) Name(s): _____ Date of Birth: _____
Social Security Number(s): _____

- a. Birth Parents' Name: Mother: _____ Father _____
- b. Reason child was taken into Agency custody;
- c. Child's current functioning and behaviors;
- d. Educational information, including grade in school, whether child is on grade level for his/her age, and any special education placement;
- e. Medical history, including any medical needs and current medications;
- f. Special needs/services (e.g., emotionally disturbed, medically fragile, etc) if placement is made. Attach copy of psychological, reports from therapists, etc.
- g. Involvement in any criminal behaviors or activities including sexual offenses. If child has none, indicate that there are no such behaviors or activities. Attach court orders.
- h. Permanent plan for the child and time frame for completion. Specify if there is a concurrent plan. If plan is placement with an out-of-state parent, indicate any identified risk factors, Describe other resources for the child in event Agency resources are curtailed.
- i. Visitation Plan (if applicable) with parents, siblings, others. Specify restrictions.

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- j. Permanent Plan status: what progress has been made toward permanent goal? Has goal changed? Include any recommendations.
- k. Additional Information: If placement of the child must be “stayed” pending completion of the parent’s treatment plan as developed by the sending state or if the study identifies issues that must be addressed before placement of the child(ren), indicate what specific circumstances would need to change in order for the needs of the child to be met for placement of the child with the parent.

841.02 Out-of-State Residential Treatment Facilities

Revision Number: 03-02, Effective Date: 09/02/2003

In order for a foster child to be placed in an out-of-state residential treatment facility, the **Children’s Case Resolution System of the Governor’s Office must first approve this plan**. This section outlines the procedures to place a child in an out-of-state residential treatment facility.

**Note: Review Section 841.1 and 841.3 for procedures necessary if a child is approved for placement out of state.*

Foster Care Worker

1. Submits the following information to the ICPC Unit at State Office.
 - a. Cover letter (in triplicate) that includes the financial and medical plan for each child.
 - b. Form ICPC-100A (original and 4 copies) completed and signed.
 - c. Social history (in triplicate) on each child that includes the basis on which the particular residential treatment facility was selected.
 - d. Educational, medical, psychiatric, and/or psychological reports (in triplicate) on each child, if appropriate.
 - e. Verification that each child is or is not eligible for Title IV-EA Medicaid benefits.
- f. Court order (in triplicate) confirming who has legal custody of the child.

841.03 Children’s Case Resolution System

Revision Number: 03-02, Effective Date: 09/02/2003

Application for a case to be heard through the Children’s Case Resolution System of the Governor’s Office can be obtained from that office. Because this process is designed to resolve barriers in the delivery of services to children, there should be documentation of previous attempts by involved parties to coordinate services and resolve issues. Applications for children in the custody of the S.C. Department of Social Services must be signed by the State Director. Foster Care or Managed Treatment Services staff considering this process should staff the case with local ISCEDC staffing teams and State Office staff.

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841.04 Air Transportation

Revision Number: 03-02, Effective Date: 09/02/2003

This procedure outlines the steps to be taken when air transportation is needed in order to place a child out of state, return a child to South Carolina, or facilitate emergency situations requiring interstate air travel.

Foster Care Worker

1. Upon receipt of the approved 100A from State Office ICPC Consultant, notifies the State Office ICPC Secretary of the desired date(s) of travel.

State Office ICPC Secretary

2. Contacts the travel agency to obtain ticket prices and flight schedules for the specific date(s) of travel.

Foster Care Worker

3. Confirms with the State Office ICPC Secretary the specific schedule to be used.
4. Submits a DSS Form 1103 (Out-of -State Travel Request Authorization) signed by the county director with the county cost center for payment of travel costs for the child's escort.

State Office ICPC Secretary

5. Authorizes the specific flight requested by the worker and completes a DSS-1103 for the purchase of the child's tickets.
6. Informs the worker of arrangements to pick up the tickets.

841.05 Placement of an Out of State Child With Parents or Relatives in South Carolina

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to be followed after another state obtains approval to place their foster child in South Carolina with a parent or relative.

Foster Care Worker

1. Receives the Interstate Referral for Placement through S.C. ICPC or, if received directly from sending state, forwards a copy of the request to the S.C. ICPC Consultant in State Office.
2. Completes the home evaluation within 30 working days of receipt of the request in the county office.
3. Sends three copies of the evaluation, including a specific placement recommendation to the S.C. State ICPC.
 - a. Closes the ICPC case if a 100A (Interstate Compact Placement Request) denying the placement is received from S.C. ICPC consultant.

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- b. If an approved 100A (Interstate Compact Placement Request) is received, upon notification that placement has been made, supervises the placement including face-to-face contact with the child.
 - c. Submits quarterly progress reports through the S.C. Interstate Compact Office at the State Office.
4. Recommends, after six months of supervision, whether or not legal custody should be given to the parent or relative.

Sending State

5. Forwards 100B and court order to transfer custody if states agree, legal custody is awarded to the parent or relative.

Foster Care Worker

6. If all parties do not agree, continues supervision and quarterly reports.
7. Closes case when both states concur and legal custody is awarded via court order to the parent or relative.

841.06 Placement of a South Carolina Child With Parents or Relatives in Another State
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedure to be followed when placing a South Carolina foster child into another state with parent(s) or relative.

Foster Care Worker

- 1. Submits a request for placement approval through the S.C. Interstate Compact Office (ICPC), including the court order, social summary, name, address, relationship of the placement resource, IV-E eligibility status, and any other pertinent information.
- 2. Waits for the placement disposition through the S.C. Interstate Compact Office ICPC).
 - a. Makes alternate plans if the placement is denied.
 - b. If placement is approved, arranges transportation through the secretary of the ICPC Office and notifies the actual placement date by completing DSS Form 30126
- 3. Receives quarterly reports on the child's progress.
 - a. Arranges to return the child if the placement disrupts.
 - b. Requests approval through the S.C. State ICPC to transfer legal custody to parent or relative if supervisory reports are favorable after six (6) months and if parents and/or relatives agree to this plan.

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4. Receives the custody transfer recommendation through the S.C. ICPC.
 - a. If both states agree, petitions the court to transfer legal custody to the parent or relative.
 - b. If all parties do not agree, continues to receive quarterly reports.
5. Closes the ICPC case when both states concur and legal custody is awarded via court order to the parent or relative.

841.4 Air Transportation for Placement or Return of a Child

Revision Number: 07-01, Effective Date: 01/09/2007

This section describes the procedures when air transportation is needed for a child in the Agency's custody. The Agency will pay for air travel when a foster child is being placed out-of-state or is returning to South Carolina (disruption or runaway). The State Office Interstate Compact Unit is charged with making the flight arrangements.

For all foster children regardless of age, an escort is required to accompany a child/youth traveling by air transportation. The county/regional office selects the escort (usually the child's caseworker) and is responsible for assuming the travel costs for the escort.

Out of state travel must be made at least 5 working days in advance (unless there is an emergency) to allow for review by state management.

Foster Care Worker

1. Upon approval of the placement resource and the receipt of the ICPC Form 100 A from the receiving state approving placements, completes travel arrangements as follows:
 - a. Contacts the ICPC administrative assistant with notification that the request is being submitted and indicates the planned departure date for flight
 - b. FAXES the following to the attention of the ICPC unit **at least 5 working days** prior to the planned departure date unless there is an emergency.
 - i. A signed statement from the County Director/MTS Regional Director or Adoption Administrator approving the travel.
 - ii. Copy of DSS 1103, Out of State Travel Request/ Authorization with the county cost center and County Director's approval.
 - iii. An explanation of why placement out of state is in the child's best interest, including how the placement will facilitate implementation of the permanent plan; if siblings are separated, how contact will be maintained; if reunification is the plan, the impact on implementation if child

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- is placed out of state; any special circumstances, such as an explanation of circumstances if emergency travel is being requested.
- iv. A copy of the most recent court order confirming agency custody and court's approval for placement out of state and, if appropriate, reunification of child with parent with whom the child is being placed.
 - v. Copy of DSS Form 3049 (**ICPC 100 A**) indicating receiving state has approved the placement (100A valid for 6 months from date of approval of receiving state).
 - vi. A statement identifying who is to escort the child.

State Office ICPC Administrative Assistant

2. Contacts the travel agency to obtain ticket prices and flight schedules for the specific date(s) of travel.
 - a. Prepares cover memo for request to be submitted to State Director and completes DSS Form 1103 for the child;
 - b. Forwards request for review by Human Service Director and Deputy Director of County Operations.
3. Upon receipt of signed approval from State Director or designee, completes arrangements with travel agent and notifies foster care worker of flight arrangements.
**Note: if travel is denied, immediately notifies the worker making the request.*
4. Informs the worker by telephone of arrangements to pick up the tickets.

Foster Care Worker

5. Completes DSS Form 30126 (100 B) to officially notify the receiving state to begin supervision **or** close the ICPC services **if the child returning** was in a placement made through the Compact.

(Attachment)

Air Travel – ICPC Packet Checklist

(Use the following checklist when requesting air travel for a child).

Name of child:

Name & telephone number of contact in county or regional office:

- ___1. Signed statement from County Director/ MTS Regional Director or Adoption Administrator approving the request.

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- __2. An explanation describing why travel approval is being requested.
- __3. Copy of most recent court order w/ agency custody and court's approval for out-of-state placement.
- __4. Copy of **valid** DSS 3049 (ICPC 100A) with approval from sending state (unless for return of runaway).
- __5. Copy of DSS 1103 to identify the DSS escort(s) or explanation for other individual to accompany child.

842 Preparation for Foster Care Review Board

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures to follow in preparing for a case review by the Foster Care Review Board. The Board is mandated to review the status of and plans for children who are in foster care for four months or longer and who are under eighteen (18) years of age.

Foster Care/MTS worker

1. Invitations should be mailed at least three weeks in advance to appropriate parties (including foster parents, foster children age ten and older, parents, GAL's, service providers), using DSS Form 3023 (Notice of Meeting of the Foster Care Review Board).
2. Requests foster parents to complete and return the Foster Child Progress Report (DSS Form 3035) three (3) days prior to the review board hearing if they will be unable to attend. The DSS Form 3035 should be attached to the letter of invitation to the foster parent and directly returned by the foster parent to the Foster Care Review Board.
3. Compiles required data and completes DSS Form 1597A for first case review (Initial Foster Care Review Summary) or 1597b (Foster Care Review Summary) thereafter. Assure consistency in recorded permanent plans as relates to what is on the treatment plan, the 1597 A or B, and any court orders. If the agency is recommending a change of permanent plan that is listed in a prior court order or treatment plan, provide copy of complaint filed (or to be filed) which documents agency is requesting court sanction of a change.
4. Reviews the packet and mails to the Foster Care Review Board Office two weeks prior to the review date. Attach a listing of the packets if more than one is included.
5. Ensures copies of required forms and documents are available to present at the review.
6. Prepares appropriate parties for the review process (i.e., the child, foster care providers).
7. Presents the case at the scheduled review.

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8. Documents action in CAPSS Dictation, Legal and FCRB Screens.

842.01 Review of Foster Care Review Board Recommendations

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedures when the agency receives the Foster Care Review Board's recommendation.

Foster Care/MTS worker

1. Reviews the summary when received from the Foster Care Review Board.
2. Files copy in case file and sends copy to parents.
3. Record FCRB recommendation on CAPSS on Legal Screen and FCRB button.

842.02 Notice to Foster Care Review Board: Termination or Transfer of Review

Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures should be followed to notify the Foster Care Review Board (when the agency no longer has custody of the child) to terminate the review process or transfer the review to another office.

Foster Care/MTS worker

1. Completes the CFRB-3A and CFRB-2 to notify the Foster Care Review Board that:
 - a. the child has left foster care and the agency no longer has custody; or
 - b. another county has case management responsibility and identifies n

843 Annual Permanency Planning Hearing

Revision Number: 07-05, Effective Date: 01/12/2007

This section outlines procedure to be followed for the annual permanency planning hearing of a child under age 18 placed in foster care.

A permanency planning hearing is required by state and federal legislation to determine that reasonable efforts are being made to achieve permanency for the child in custody of DSS.

The hearing is held within twelve months following the child's entry into foster care and annually thereafter or earlier if required by court as long as the child is in DSS legal custody.

When DSS files a motion for a permanency planning hearing, the motion must be accompanied by a supplemental report that contains information required by state and federal law.

Only parties to the action can file motions for permanency planning hearings. A party in interest can move to be party to the action. Such requires either a consent order or a judge has to grant the motion. No one can file a motion unless they are a party to that action.

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Foster Care/MTS worker

1. Completes the Supplemental Report and confers with the county attorney in preparation for the permanency planning hearing. The supplemental report must specify the reasonable efforts DSS has made to implement the permanent plan and must include the information required by SC Code of Laws 20 -7- 766. Reasonable efforts are the actions taken by the DSS and services provided or arranged to implement the permanent plan. Refer to Section 843.1 for the state and federal requirements for the report.
 - a. **If the court ordered continued foster care for the purpose of reunification at the previous hearing**, selects a plan other than reunification at the next hearing (if the child is not going home). In no case may the next hearing be held any later than six months from the last court order. (SC Code of Laws, 20-7-766).
 - b. **If the recommendation in the supplemental report involves a change in the permanent plan that includes a placement change** (e.g. foster care to return home or adoptive placement), confers with the county attorney as the foster parent **must** receive a notice of the hearing and of the proposed placement change.

**Note: Reference Section 845.4, Court Approved Changes in Permanent Plans That Involve Move From Current Foster Home, for detailed procedures .*

 - (i) Confers with the county attorney and appropriate DSS staff to ensure that the **notice of the permanency planning hearing** (required by SC Code Section 20-7-645) is provided to the foster care giver and that language stating “**At this hearing the court will be asked to approve a plan for the child which will involve a change in placement. If approved, this will mean child will be leaving your home**” is inserted in the notice.
 - c. **If grounds exist**, confers with the county attorney regarding submitting an action for **Termination of Parental Rights** (petition) without first obtaining court approval of a change in the permanency plan (Section 20-7-766) and without first seeking an amendment of the placement plan (Section 20-7-764). The only exception is for children less than 30 days old, who have been abandoned at a hospital or hospital outpatient clinic (See Section 812.01)
 - d. **If the child has been in care 15 of the most recent 22 months**, confers with the county attorney regarding termination of parental right by either filing the pleadings or by documenting compelling reasons why termination of parental rights is not in the child’s best interest unless the child is placed with a relative, or DSS has not provided services necessary for the safe return of the child to the child’s home (as required by Federal legislation).
 - e. **If the youth is placed in an out-of-state placement**, the hearing must determine if the placement continues to be appropriate and in the child’s best interests.
2. Forwards the supplemental report, and required attachments to the county attorney (or paralegal) according to time frames established in each county office to assure hearings are conducted within required time frames. Refer to Section 843.1 for the content of the report and required attachments.

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- a. Keeps county attorney or individual responsible for notifying foster care providers of hearings updated with current information regarding foster care providers name and address.
3. Attends, participates and testifies as needed at the court hearing.
4. Documents actions on the agency's computerized data base, CAPSS.
5. Implements the order of the court **upon receipt of the written court order**. The court findings include whether or not DSS has made reasonable effort to implement the permanent plan for the child and what is the permanent plan for child. (Reference Section 843.1 and 825 Permanency Planning for a listing of the permanent plan options.)
 - a. **If the court approves a new permanent plan that involves a placement change** for the child, informs the foster parent:
 - (i) That the court has approved a placement or permanency plan which provides for the removal;
 - (ii) The date the child will be removed (or approximate date if specifics not yet determined);
 - (iii) That the foster parent cannot appeal the child's removal due Family Court's approval of the plan.
6. Documents outcome of hearing and legal proceeding in the Legal screens and case dictation in CAPSS.
7. Schedules subsequent permanency planning hearings for children remaining in foster care in accordance with the following:
 - a. **If the court ordered continued foster care for the purpose of reunification at the previous hearing**, (if a child is not going home), confers with the county attorney or paralegal to ensure the next hearing **is no later than six months** from the last court order. (SC Code of Laws, 20-7-766).
 - (b) No further hearings are required once the adoption is consummated.
 - (c) If custody is returned to parents, family members or non-relative, and a period of services and supervision is authorized, agency involvement is terminated on the date specified in the court order unless a petition for a review hearing is filed with the court before the termination date.
 - (d) As long as the child remains in foster care, no later than 12 months from the previous permanency planning hearing.

843.1 Supplemental Report Outline and Guide
Revision Number: 07-05, Effective Date: 01/12/2007

The outline specifies the requirements for the supplemental report for a permanency planning hearing. The guide contains the information to be included in each section of the outline.

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SUPPLEMENTAL REPORT OUTLINE

Date: _____ **In the Interests of (name, age, DOB):** _____

I. Family composition or others named as parties to the action

II. Reasons for agency involvement

III. Legal history

IV. Reasonable efforts made by DSS to finalize the permanent plan for each child

V. Whether foster care is to continue.

VI. Prior to making a placement for the child, both in-state and out-of-state placement options were considered. The current placement is safe, appropriate and in the child's best interest.

VII. Current status of child and provision of Independent Living Service (age appropriate)

VIII. Recommendations: The _____ County DSS, Regional MTS or Adoption Office makes the following recommendation (s)

A. That DSS has made the following reasonable efforts to finalize the permanent plan for each child:

B. Time frame(s) to finalize the permanency plan:

C. Any other recommendations

Worker: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Attachments:

- q **FCRB written recommendations received since the last permanency planning hearing**
- q **Child /Youth Service Plan**
- q **Parent Treatment/Placement Plan, if applicable**
- q **Any referenced affidavits**

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GUIDE FOR COMPLETING A SUPPLEMENTAL REPORT

PURPOSE: The Supplemental Report provides a standardized summary of statutory required information to the court for a permanency planning hearing.

GENERAL INSTRUCTIONS: The agency should be prepared to support any information listed in this summary by showing the court (or other parties) the specific agency documentation or forms used to formalize this material.

All information must be in compliance with the SC Code of Laws, 20-7-766 and with Title IV-E requirements. (Items in bold track to SC Statute or federal legislation and regulations), including eligibility for Title IV-E funding).

The supplemental report must have the headings in the outline. The supporting information and documentation indicated in the outline below must be included in the Supplemental Report. The Supplemental Report, once completed, is submitted to the county attorney/paralegal (whoever prepares the pleadings). The permanency planning hearing pleadings, containing the Supplemental Report, will then be served on all necessary parties.

Copies of the Supplemental Report must be provided to the county attorney, parent(s), GAL and court system.

SPECIFIC INSTRUCTIONS:

Date: Indicate the date the report is prepared

In the Interests of: Specify the names, ages and dates of birth of the children for whom the report is being prepared.

- I. Family composition or others named as parties to the action:** List the names of the family members or parties to the action. Specify names, birth dates and ages of children.
- II. Reasons for agency involvement:** Summarize the reasons why the agency became involved with the family. Include the initial allegations and the determinations.
- III. Legal history:** Summarize all past court proceedings including any criminal or juvenile hearings. Reference any previous affidavits or reasonable efforts or any previous court findings from the Probable Cause or Removal Hearings.
- IV. Reasonable efforts made by DSS to finalize the Permanency Plan for each child.** Specify the permanency plan option for each child and specify the efforts made to finalize the permanency plan. IV-E eligibility requires a finding that DSS has made reasonable efforts to finalize the plan. Note plans are listed below are in order of preference. Be specific in describing the efforts as this information is being presented to the court as the basis for a finding that the agency's efforts were reasonable. The concurrent plan must be specified along with the efforts made toward the concurrent plan. If the permanent plan or concurrent plan has changed since the last permanency review, specify the plan(s), the reason(s) the plan(s) changed, and efforts made toward each plan. Refer to VIII Recommendations in the Supplemental Report. Eligibility for Title IV-E funding requires a court finding of reasonable efforts.

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A. Reunification : if plan is reunification,

- 1. Specify the reasonable efforts made by DSS to facilitate reunification;** outline agency's direct services and referrals (Includes services of any other providers) since removal. Include efforts to identify and/or locate absent parents.
- 2. Summarize the reasonable efforts DSS has made to finalize the permanent plan:** What objectives/tasks has each parent, the agency, the child (ren), or other parties completed? Include the significant issues or events that impact the family. Have additional strengths and resources been identified as available to this family that are related to and could possibly reduce the risk of abuse/neglect and/or improve the functioning of this family? What progress has been made on the Treatment/Placement plan?
- 3. Whether return of the child can be expected and identification of the changes the parent must make in the circumstances, conditions, or behavior to remedy the causes of the child's placement or retention in foster care ; if reunification will not be completed within 12 months of child's entry into foster care, whether or not reunification is likely within the next 6 months following the permanency hearing.** Discuss the viability of the child returning home based on the parent's current progress on their plans. Can the child(ren) be safely maintained in the home upon reunification?
- 4. Extent of parental visitation and support. Give reason(s) why visitation or support or support has not occurred or has been infrequent.**
Address each parent separately and summarize number of visits between parents, child(ren) and siblings. To determine how much child support has been paid, if it was ordered, contact the Office of Child Support Enforcement. Explain the reasons for any lack of or infrequency of the visits or the child support. **OR**
- 5. If reunification is not the plan, request the court to find that reunification is no longer the plan, and specify the reason(s).** Also include this request for recommendation in Item VII (recommendations of the report).

B. Adoption: if plan is adoption,

- 1. If termination of parental rights is in the best interest:**
 - a. Results of a thorough adoption assessment :** Specify the results.
 - b. Reasonable efforts DSS is making to promote and expedite an adoptive placement and finalization including recruitment efforts:** Be specific.
 - c. Whether child's circumstances are in a mandatory TPR category, specify the category.** Specify the exception.
- 2. Or if neither reunification nor adoption is in the child's best interest, specify the reason(s).** Request a court finding in the supplemental report.

- C. Guardianship or Custody with a Relative or Non-relative:** For this plan the intent is for the permanent placement of the child with the identified individual, for the child to exit foster care and agency supervision to end at a specified time. Select this plan only if reunification and adoption have

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been ruled out. Do not select this plan if the placement setting is with a relative and reunification is the permanent plan.

- 1. Specify the reason(s) reunification and TPR and adoption have been ruled out.** Include if a child is in a mandatory category for TPR. In Section VIII Recommendations, request the court to find that these are compelling reasons for reunification and TPR / adoption to be ruled out.
- 2. Summarize steps taken to implement the plan** to place the child in the permanent custody or guardianship of an extended family member or non-relative; summary of efforts to end agency supervision; specify the date supervision should end; specify the reason(s) to believe the individual being given guardianship or custody; is there evidence of a nurturing relationship with the child that will last into the child's adulthood; include how the guardian/custodian will relate to the parents. As reunification has been ruled out, request the court to provide for medical and educational rights to be given to the custodian, unless there are special circumstances regarding the arrangement that makes it reasonable for the custodian to work with the parent on those decisions.
- 3. Specify the conditions under which custody can be returned to the parents** since a custody order is subject to modification upon a change in circumstances. Refer to safety concerns and protective capacities of the parent(s). Include conditions in Section VIII with a request for a court finding.

D. Placement with a Fit and Willing Relative (relative must be a licensed foster parent in order for DSS to claim IV-E funds); reunification, guardianship or custody must have been ruled out; relative must be committed to a long term placement with continued placement in foster care. SC Statute requires court to find **compelling reasons if this option to be implemented.**

- 1. Specify the reason (s) reunification, adoption, and guardianship /custody have been** ruled out and child is to remain in foster care; if child's circumstances are in a mandatory category for TPR, specify category and reason why TPR and adoption are not in the child's best interest. In Section VIII Recommendations, request the court to find the reasons are compelling that this plan be implemented rather than reunification, adoption, or custody/guardianship. Or if plan was approved with compelling reasons previously by the court, include considerations to consider reunification, adoption, permanent custody/guardianship.
- 2. Specify the reason(s) to believe the relative has nurturing long term relationship with the child;**
- 3. Specify how the relative will manage continued relationship and visitation with parents; specify any limitations.**

E. Another Planned Permanent Living Arrangement (APPLA): SC statute and ASFA (federal law) require a finding of **compelling reasons** for this plan to be implemented.

- 1. Specify the reasons why reunification, adoption, permanent (legal) custody / guardianship and placement with a fit and willing relative are not the permanent plans for the child.**

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Specific information must be included in the report in order for the court to determine whether or not the agency had compelling reasons for APPLA to be the permanent plan.
In Section VIII Recommendations, request the court to find the reasons are compelling.
Identify the adult who is committed to providing a long term nurturing relationship with the child.
*Note: in order for DSS to claim IV-E Funding, the Court does not order a specific placement with the individual).

2. Specify if child is living in a licensed foster home with the identified adult; OR if child is living in another setting, indicate the name and type of the placement.
3. Specify how the current placement setting meets the individual needs of the child.
4. Indicate the reason (s) to believe the identified individual has a long term commitment to the child (a relationship expected to last in the child's adulthood.) OR
5. If no specified individual has been identified, the steps being taken to identify an individual and the time frame to identify the individual.

V. Whether foster care is to continue until the next scheduled permanency planning hearing or foster care will end as child will be exiting foster care before the next hearing; If child is to continue in a foster care placement, indicate the date by which the permanent plan will be implemented and child will exit foster care. Note: if the permanency plan is permanent placement with a relative or another planned permanent living arrangement (APPLA), the child will be remaining in foster care. For IV-E eligibility, the placement must be licensed.

VI. Whether the child's current placement is safe and appropriate and in their best interests. [Provide information that both in-state and out-of -state placement resources were considered.](#) Describe actions by the agency to assess and confirm ongoing safety for each child. Has abuse/neglect occurred while child is in foster care? placing on actions by the agency to assess and confirm ongoing safety for each child. Has abuse/neglect occurred while child is in foster care? Explain. Indicate the number and types of placement since entry or the most recent permanency planning hearing. Are the child's needs being met?
Note: Each child's placement must be individually assessed for safety and appropriateness. The results of that assessment for each child must be recorded. .

VII. Child's current status and provision of Independent Living Services. Each child must be individually assessed for well-being: physical and mental health; education, social needs. The results of the assessment for each child and services provided must be recorded. Note: Beginning at age 13, each child must be assessed for and provided with Independent Living Services.

VIII. Recommendation(s) & request for the court to approve the permanent plan
A. Request the court to find that the agency has made reasonable efforts to finalize the permanent plan for each child. For siblings, specify the name and permanent plan for each child. Note: the

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finding by the Family Court of reasonable efforts to finalize the permanent plan is required for Title IV-E eligibility.

B. Time Frames: Indicate the timeframe to finalize the permanency plan.

C. Other Recommendation: If the permanent plan is placement with fit and willing relatives or APPLA, request the court to find compelling reasons for the agency selecting either option. Include any other **recommendations as appropriate.**

Attachments

- 1. FCRB recommendations** received since the last permanency planning hearing
- 2. Copy of Child Youth Service Plan**
- 3. Parent Treatment/Placement Plan, if applicable**
- 4. Any referenced affidavits and** any other documents necessary for the court's review.

844 Termination of Foster Care Services in Voluntary Placements

Revision Number: 03-02, Effective Date: 09/02/2003

The following procedures are to be followed when terminating a voluntary placement.

Foster Care/MTS worker

1. Facilitates a Team Decision Making meeting to review for placement at least fifteen (15) days prior to termination of agreement.
2. If no risk exists, make a plan to return child to parent(s) and determine if any post placement services will be necessary.
3. If no risk exists but parent requests extension, can grant one extension for an additional ninety days. Have parent(s) sign the extension request.
4. Provide written notice to the foster caregiver of the removal at least ten (10) days prior to planned removal date. Notice should indicate the child was voluntarily placed and is being removed to be reunited with their family
5. Once child is returned home, continue with any previously requested or recommended post placement services.

**Note: Cross reference Section and 812 and 843.*

6. File a petition for removal if:
 - a. the child has been in care more than ninety days and does not appear likely to return home prior to being in care six months; and/or
 - b. agency has determined that the child cannot be safely returned to the home.

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7. If, after a removal hearing, the court upholds the agency's petition for removal, continue with permanency planning requirements as in all other foster care cases.

845 Change in Foster Home Placement

Revision Number: 07-05, Effective Date: 01/12/2007

Changes can be traumatic to children and adults and special efforts should be extended to reduce stress to the extent possible. [Since the passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006 \(P.L. 109-239\); the dictation in CAPSS must reflect that both in-state and out-of-state placement resources were considered.](#) When reviewing placement options, consideration must be given to in-state and out-of-state resources (review Section 810.015 for more information) Written notices regarding upcoming placement changes and coordinated transition planning with the children and families involved is necessary. Also, written notice regarding placement changes should be given to the foster child's parents - review Section 810.2. When there is to be a change in the foster home placement for a child, Fair Hearings regulations provide:

1. That foster parents must be given **a written notice for all removals** from the foster home;
2. That foster parents **have the right to a ten (10) day advance notice of removal unless:**
 - a. there are emergency circumstances requiring immediate removal of the child; or
 - b. the court has authorized the removal or if the court has approved a placement or permanency plan which provided for the removal; or
 - c. the denial or revocation of the foster home license has been finally decided by agency and the last day for requesting an appeal of the agency's decision has passed; or
 - d. the foster parents have requested the removal.
3. That foster parents have the **right to a fair hearing on the removal unless:**
 - a. the court has authorized the removal or the court has approved a placement or permanency plan which provides for the removal;
 - b. child is being removed from the foster home when the denial or revocation of the foster home has been finally decided by the agency and the last day for requesting an appeal of the agency's decision has passed.
 - c. the foster parents have requested the removal.
4. That if the foster parent has the right to a fair hearing (see exclusion in #3 above) and a foster **child has been in the foster home longer than one hundred twenty (120) days**, the foster **child must remain** in the home until the appeal is concluded **unless:**

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- a. The agency finds good cause that the **health or safety of the child is threatened** by the child's continued placement in the foster home; or
- b. The court has authorized the removal or the court has approved a placement or permanency plan which provides for the removal; or
- c. The foster parent(s) failed to supply all necessary information that they are required to file to completed the adoption home study within ninety (90) days after receipt of written notification that adoption is the plan for the child;

Note: Written notice should be given to parents of any change in placement. Review Section 810.2.

845.01 Foster Parent Requests Child Be Moved

Revision Number: 03-02, Effective Date: 09/02/2003

Fair Hearing Regulations provide that **foster parents requesting the removal** of a child are not entitled to a fair hearing regarding the removal of the child.

Regular or Specialized Foster Care Worker

1. Upon receipt that the foster parent(s) is/are requesting the removal of the child, arranges for the child to be moved as expeditiously as possible.

Note: a discussion should be held with the provider to determine if the placement can be salvaged or if safety issues should also be assessed. As needed, involve team decision-making processes to strengthen the placement or plan the transition to an alternate placement.

2. Prepares the foster child and new provider for the move to the extent possible.
3. Provides written confirmation to foster parents:
 - a. that removal is being done pursuant to their request; and
 - b. the foster parents cannot appeal the child's removal because the removal is at their request.
4. Documents action in the agency's computerized data base.
5. Updates the foster care licensing worker regarding any issues that may need follow up by licensing staff.
6. Notifies the parent and the Guardian Ad Litem in writing of a placement change, including the nature and location of a placement unless it is determined that such disclosure would be contrary to the best interests of the child.

845.02 Emergency Removal of a Child From Foster Placement

Revision Number: 03-02, Effective Date: 09/02/2003

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This section outlines the procedures to be followed when the agency determines that the immediate emergency removal of a child from a foster home is necessary after a determination has been made that the health or safety of a foster child is threatened by the child's continued placement in the home. In an emergency situation, advance notice to the foster parent is not possible, however, the foster parent is still entitled to written notice of the reasons for the removal and their right to request a fair hearing on the removal.

Foster Care/MTS worker

1. If emergency circumstances permit, arranges a staffing to determine if the child should be removed from the foster home because there are emergency circumstances which warrant the immediate removal of the child.
 - a. Includes in the staffing or obtains input from the case manager or supervisor of all foster children placed in the home, foster licensing worker/supervisor, and if applicable, staff from Out of Home Investigations (OHAN).
 - b. Reviews prior court orders and if this particular placement has been court ordered, contacts the county attorney as soon as possible; and staffs case to determine the need to initiate action to obtain an order addressing emergency removal.
2. Makes arrangement to move the child as expeditiously as possible:
 - a. convenes staffing after removal if staffing not held prior to removal.
3. Completes notification to foster parent:
 - a. notifies the foster parent **in writing** that the child is being or has been removed, include the basis for removal, and that the foster parent has a right to a fair hearing on the removal; and
 - b. the child will not stay in the home for the duration of the appeal due to the emergency circumstances;
 - c. Includes the notice that the foster parents has thirty (30) days in which to appeal the decision. If the foster parent advises the worker verbally or in writing of their intent to appeal, the procedures outlined in Section 845.5 must be followed.
4. Informs foster care licensing worker of the emergency removal to determine if circumstances warrant licensing revocation or regulatory action.
5. If the foster parent appeals the removal and the removal decision is reversed, assess return of the child, returning the child to the home unless unusual circumstances arise such as:
 - a. An intervening court order sends the child home or to another placement; or
 - b. The foster home lost its license; or
 - c. Since the foster child's removal and the Fair Hearing ruling, a foster parent has an indicated CPS report; or

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- d. Someone new has joined the household for whom the background checks have not been completed or has a criminal history that precludes placement.
 - e. If foster parents pursue further appellate reviews, consult with attorney.
6. Notifies the parents of the placement changes, including the nature and location of the placement unless it is determined that such disclosure would be contrary to the child's best interest.
7. Documents action in the agency's computerized data base.

845.03 Non-emergency Removal of a Child From a Placement of 120 Days or Longer
Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines procedure for the planned removal of a child from a foster home when the child has been in the home longer than one hundred twenty (120) days and there is **not** an emergency warranting the immediate removal of the child. *Note: This section does not apply if the agency has found good cause to believe that the health and safety of the child is threatened by the child's continued placement in the home. See Section 845.2 regarding emergency removals. See Section 845.1 if foster care provider requests removal.*

Foster Care/MTS worker

1. Arranges a staffing to determine if the foster child should be moved from the present foster parent.
 - a. includes in the staffing any input from the case manager(s) or supervisor(s) of all children placed in the home, the foster licensing worker/supervisor, and if applicable, adoptive worker(s) and supervisor(s) and staff from Out of Home Investigations (OHAN).
 - b. reviews prior court orders and if an existing court order identified or approved the current placement with specificity, staff the case with the county attorney. The staffing would determine whether the case should go to court to have the court approve or authorize the change.
2. **Notifies the foster parent in writing at least ten (10) days prior** to the removal of the date and time of the child being removed from the home;
 - a. Includes in the notice that the foster parent has thirty (30) days in which to appeal the decision. If the foster parent advises the worker verbally or in writing of their intent to appeal, the procedures outlined in Section 845.5 must be followed.
3. **Does not proceed with the removal if the foster parent appeals the removal and the child has been in the home for one hundred twenty (120) days or more unless:**
 - a. The court has authorized the removal or the court has approved a placement or permanency plan which provides for the removal; or
 - b. The foster parent(s) failed to supply all necessary information that they are required to file to completed the adoption home study within ninety (90) days after receipt of written notification that adoption is the plan for the child;

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4. Upon notification of the results of the appeal:
 - a. If the fair hearing decision is in favor of the foster provider, and the child has remained in the home during the appeal process, continue to assess health and safety issues and provide foster care services which address the issues that resulted in the original plan to remove the child from the foster home.
 - b. If the fair hearing decision is in favor of the foster provider and the child was removed during the appeal process, continue to assess health and safety issues and return the child unless unusual case circumstances exist such as:
 - i. An intervening court order sends the child home or to another placement; or
 - ii. The foster home lost its license; or
 - iii. Since the foster child's removal and the Fair Hearing ruling, a foster parent has an indicated CPS report; or
 - iv. Someone new has joined the household for whom the background checks have not been completed or has a criminal history that preclude placement.
 - c. If the fair hearing decision is in favor of the agency, and the child has remained in the home during the appeal process, begin preparations for the placement change.
 - d. If foster parents pursue further appellate reviews, consult with attorney.
5. Notifies the parents of the placement change, including the nature and location of the placement unless it has been determined that such disclosure is not in the child's best interest.
6. Document actions in CAPSS.

845.04 Court Approved Changes in Permanent Plan that Involves Move from Current Foster Home

Revision Number: 03-02, Effective Date: 09/02/2003

There are times when the agency seeks court approval to change a child's permanent plan, for example, in the case where the plan has changed from return home to TPR and adoption so the child can move into pre-adoptive placement. In the event the agency seeks approval of a plan that involves a move from the child's current foster home, the foster parent has to be provided notice of the agency's plans to change placement and any agency plans for court approval of the move. This hearing affords the foster parent the opportunity to be heard on the proposed change in placement. It is critical that in such cases, the foster parent be afforded notice of the proposed change, as well as notice of the hearing including the date, time and place of the hearing pursuant to Section 20-7-645..

Foster Care/MTS worker

1. Upon the completion of a staffing with the appropriate parties and the decision that the permanent plan is to be changed and that the new permanent plan involve a change in placement, (child to be moved from the present foster parent), begins to plan for implementation of the permanent plan.

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2. Confers with the county attorney. If court action is deemed necessary, discusses the preparation of the supplemental report to the court. The supplemental report should advise the court of the new permanent plan and placement and include justification of the change in placement and permanent plan. The permanent plan should not contain information that identifies a new caregiver by name unless it is appropriate to the facts of the case, such as transfer of custody.

**Note: Reference Section 843, Annual Permanency Planning Hearing.*

3. Coordinates with the county attorney to ensure that the foster parent receives as much advance notice as possible of the upcoming permanency planning hearing as required by SC Code 20-7-645 and to ensure that the language stating, "at this hearing the court will be asked to approve a plan for the child which will involve a move from your home" will be inserted in the notice.
4. Informs the foster parent that the agency will ask for the approval of a new plan for the child which, if approved, will mean that the child will be leaving the **current** foster home; and reviews with the foster parent(s) the right to attend the hearing and address the court concerning the child.

**Note: Foster parents are not a party to the action unless they have been allowed to intervene.*

5. If the court approves the agency's request for a change of placement or approves the agency's permanency plan that includes a change of placement, explains to the foster parent when the child will be leaving the home; that there is no right to appeal the child leaving the home.
6. Proceeds with implementation of court ordered plan.
7. Documents action in the agency's computerized data base (CAPSS).

845.05 Fair Hearings

Revision Number: 03-02, Effective Date: 09/02/2003

Foster parents have the right to appeal the removal of children from their foster home, except under certain circumstances. **Note: See SCDSS Fair Hearing regulations. Cross reference Section 845.*

If the foster parent notifies the agency verbally or in writing that the foster parent is requesting a Fair Hearing on the removal of a foster child from the home, then the request must be submitted in writing to the Office of Administrative Hearings (OAH) **within two (2) working days**. The request for the Fair Hearing must contain the name of the foster parent requesting the hearing; information sufficient to identify the decision which is being contested; and the relief requested.

**Note: Reference Chapter 9, Section 922 and 922.01 for coordination with DSS foster licensing staff for fair hearings of denial of an application for renewal or revocation of a license by DSS.*

Regular or Specialized Foster Care Worker/Adoption Worker

1. Upon notification by the foster parent of the intent to appeal the removal of a child (unless foster parent communicated with OAH directly), submits the request for a Fair Hearing directly to the Office of Administrative Hearing (OAH) which must include:

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- » The name of the foster parent requesting the hearing;
 - » Information sufficient to identify the decision which is being contested; and
 - » The relief requested.
- a. If the request for a Fair Hearing is made verbally to the worker, assists the foster parent in completing DSS Form 2633 (Request for a Fair Hearing) and sends it to OAH within two (2) days of foster parent's request; gives a **copy** of the DSS Form 2633 to the foster parent.
2. Informs foster parents that they are entitled to request a conference concerning the agency's actions. This request is directed to the county director. The foster parent may waive their conference and proceed to the Fair Hearing.
- a. If a conference is scheduled between the foster parent and county director and/or designee, worker attends if invited.

Regular or Specialized Worker

3. Coordinates preparation for the Fair Hearing with other Foster Care staff and the county attorney to include:
- a. Determining who will testify;
 - b. Assisting in completing Pre-Hearing Statement;
4. Attends hearing with county attorney and testifies as necessary,
5. Upon notification of the outcome of the hearing, (if unfavorable for the agency) evaluate whether child should be returned to foster parent (cross reference the decision of the Fair Hearing Committee).

846 Termination of Foster Care Episode

Revision Number: 03-02, Effective Date: 09/02/2003

A child is considered as having left foster care, and foster care services should be terminated, when the following events occur.

- 1. A Voluntary Placement Agreement is terminated and the child is returned home; or
- 2. DSS is relieved of legal custody with the child being placed with the parents, relative or other individual; or

**Note: If the agency retains legal custody but physical custody is granted to an individual, the child is still in foster care.*

- 3. The child is placed in an adoptive home and the adoption has been finalized; or

**Note: The foster care program services must remain open until the adoption is finalized.*

- 4. A teenage child is emancipated.

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**Note: Do not keep foster care services open to post dictation. Dictation can be posted after closure. Failure to update the computerized data base (CAPSS) timely of the termination of a foster care episode may result in financial penalties for the agency per federal AFCARS regulations.*

**Note: Cross reference Section 846.1, Termination of Foster Care Services for more detail on activities related to closure of foster care services.*

846.01 Termination of Foster Care Services

Revision Number: 03-02, Effective Date: 09/02/2003

This section outlines the procedures that must be followed in regard to termination of foster care services including updates required prior to closing out a foster care program line.

Regular or Specialized Foster Care Worker/Adoption Worker

1. Within two working days of the child leaving foster care or prior to the third working day of the next month, whichever is earliest, ends the foster care placement to ensure that any board payments will end.
2. Updates the necessary data fields in the CAPSS data system to ensure:
 - a. all legal history is documented;
 - b. placement authority is not coded as EPC or Exparte;
 - c. all foster care review board meetings have been entered; and
 - d. any missing person information such as DOB, SSN, Race, Hispanic code has been entered.

**Note: If the SSN is still not available, it can be entered after the case is closed.*

3. Terminate the foster care services in the CAPSS data system.
 - a. Terminating foster care services also terminates the placement event and episode;
 - b. If services or monitoring (supervision) will continue, opens a Program Service of "Other Child Welfare Services" on the child; or
 - c. If services or monitoring will continue by MTS, opens a Program Service of Managed Treatment Services on the child.
4. Notifies Medicaid staff of the changes in the child's status.
5. Notifies Child Support Enforcement by completing Section V of Child Support Referral (DSS Forms 2738).
6. Notifies State IV-E Coordinator of child's having left care.

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7. Notifies appropriate service providers.
8. Notifies Foster Care Review Board.
9. Follows the court order for any services to be provided after termination of foster care services.

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Revision Number: 05-01, Effective Date: 11/03/2005

Section I. Case Management

Child Welfare Services Face Sheet

Section II. Worker Activity and Contacts

Section III. Legal/ [Foster Care Review Board](#)
Court Orders
[FCRB Recommendations](#)

Section IV. Case Plan

[Child and Safety Assessment Plan](#)
Case Staffings
Children's Placement Plan(s)
Medical Information and/or Special Needs
School Records

Section V. IV-E/ [Funding](#)

IV-E
Medicaid and Child Support
Central Registry

Section VI. Correspondence/ [Interstate Compact for Placement of Children](#)

848 Protocol for Legal Case Management

The following protocol is the procedure for the legal case management of a case in foster care. The Foster Care Case Management Report is the primary report used to identify the due dates for court reviews. Below are the procedures for the protocol:

1) From the Internet go to DOCVIEW. The paralegal or county director's designee shall copy and distribute (if needed or appropriate) the most recent version of the Human Services Foster Care Case Management Report (Report ID - SWF160MP1701, case specific).

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- 2) County attorney is responsible for ensuring that cases are staffed in advance of court hearings with special attention focused on cases due for court review within 30 days.
- 3) County paralegal or attorney will schedule hearings based on the time frames outlined in the FC Case Management Report (priority is given to cases with hearings due within 30 days).
- 4) The county paralegal will send out timely notices of hearings to all parties, opposing counsel, the GAL, and any other person or entity entitled to notice under the statutes.
- 5) The county paralegal will send out timely notice to foster parents (pursuant to SC Code 20-7-645. (Reference Section 843)
- 6) Within 20 days following the court hearing, the county attorney will ensure that the order is prepared, signed by the trial judge, filed and distributed to all persons entitled to receive a copy.
- 7) The FC Supervisor will ensure that all information pertaining to the legal history of the case is correctly entered into CAPSS.

890 Forms Appendix

Revision Number: 03-02, Effective Date: 09/02/2003

1111-Receipt
1512-Voluntary Placement Agreement
1526- Infant's Medical Record
1530-Agreement Between Counties for Foster Home Placement
1531-Foster Parent Contract
1576-Child's Development History
1584-PFC Agreement
1588-Authorization for Release of Information
1597a-Initial Foster Care Review Summary
1597b-Foster Care Review Summary Update
1600-Human Services/Economic Services Communications Form
1601-Referral to Human Services
1860-Transmittal for State Director's Signature
1903-Case Bi-Annual Review and Change for IV-E Child
1905-Referral for Financial assessment and IVE- Determination
2410-Fair Hearings
2612-Request for Criminal Background Check
2633-Request for Fair Hearing
2738-Foster Care-Child Support Referral Form
3007-Interstate Placement Information
3023-Notice of Meeting of Foster Care Review Board
3023a-Spanish Edition- Notice of Meeting of Foster Care Review Board
3035-Foster Care Progress Report
3039-Helpline Phone Card
3042-Affidavit For Alternative Placement

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3046- Special Pay Request for Foster Care Clients
3057-Initial Comprehensive Medical Assessment
3058-Court Information Sheet
3058a-Court Information Sheet Attachment
3058b-Case Evaluation/Reassessment
3062-Case Transfer and or Staffing
3068-Application for Individual Under 21 Years of Age to Receive Foster Care Board Payments and Medicaid
3075-Foster Parent Loss/Claim Form
xxxx- Comprehensive Family Assessment Worksheets I & II (number pending)
3080-Medical Visa
3082-Abandoned Infants Form for Hospitals and Outpatient Hospital Facilities
3091-Face Sheet
30126-Interstate Compact Report on Child's Placement Status
30131-Parent Placement/Treatment Plan
30132-Child Placement/Treatment Plan
30133-Case Evaluation/Case Closure Summary
30136-Agreement for Continued Placement of Person 18-21 y/o
30143-Supplemental Report Guide
30157-Title IV-E Emergency Assistances Services Application
30163-South Carolina Foster Child's Bill of Rights
30166- Foster Care, What It's All About
30198-Funding Request for Independent Living Services
30199-Disaster Preparedness For Foster Parents